



PA Role in Opioid Treatment Programs

Background and instructions for PAs applying for an exemption from 42 CFR 8 in order to admit patients and write orders in opioid treatment programs

Background

On March 31, 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued final revised guidelines for opioid treatment programs (OTPs). The guidelines clarify federal regulations (42 CFR), as well as suggest best practices for operating an OTP. In the draft version of the guidelines released for public comments in May of 2013, PAs (physician assistants) were recognized as providers that may admit patients and write medication orders in an OTP. However, the final guidelines issued by SAMHSA did not include these PA provisions. Instead they stated only physicians may admit patients and order the dispensing of certain opioid agonist agents approved for addiction treatment¹ (“approved agents”) in an OTP.

In April of 2015, SAMHSA outlined an existing process whereby OTPs could apply for an exemption to the OTP guidelines, which would allow PAs and nurse practitioners (NPs) to write orders, admit patients, and order the dispensing of *approved agents*. This is a distinct process from approved agent prescribing. Providers who are authorized to prescribe Schedule II and III medications may prescribe certain approved agents for pain. However, there are restrictions for prescribing approved agents for Opioid Use Disorder under federal regulations. This Medication Assisted Treatment (MAT) for Opioid Use Disorder may occur in an OTP where approved agents may be ordered and dispensed (not prescribed). For example, a provider may order an approved agent to treat Opioid Use Disorder. In this example, the approved agent would be *dispensed* at the OTP. It is important to clarify that certain approved agents are *ordered and dispensed, not necessarily prescribed* in an OTP.

PAs in addiction medicine should strongly consider encouraging their OTP to apply for an exemption to the federal regulations limiting order-writing in OTPs to physicians. Pursuant to 42 CFR 8.11(h), an OTP may apply for an exemption from OTP regulations:

(h) Exemptions. An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and § 8.12. An example of a case in which an exemption might be granted would be for a private practitioner who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no rehabilitative services geographically accessible and requests exemption from some of the staffing and service standards. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

The number of providers eligible to treat addiction with medication was bolstered by the enactment of the Comprehensive Addiction and Recovery Act (CARA) of 2016 (S. 524). Signed into law on July 22, 2016, CARA allows PAs to be eligible to become waived to prescribe buprenorphine to treat opioid addiction in an office setting until 2021.² While the act did not apply to orders written in OTPs, it reinforces

¹ Examples of approved agents include methadone and buprenorphine.

² More information about CARA can be found: <https://www.aapa.org/news-central/2016/07/pas-eligible-prescribe-buprenorphine-opioid-addiction/>

congressional and executive intent to increase the number of qualified providers that may order or prescribe certain highly-restricted drugs to treat addiction.

OTP Qualification

SAMHSA has indicated it will not approve an application that is not supported by the state opioid treatment authority (SOTA). There is no appeal process if a SOTA does not support exemption requests. Therefore, the first step in the application process is submitting a request for support to the SOTA.

To be qualified to request a SAMHSA exemption, these four requirements must be met:

- The OTP requesting the exemption must be in a state where PAs may prescribe Schedule II drugs;
- Even though PAs in exempted OTPs do not prescribe, but instead order the dispensing of methadone, PAs must be authorized (or not prohibited) to prescribe *approved agents under state law* and, if applicable, delegated that authority;
- PAs must register with the U.S. Drug Enforcement Agency (DEA); and
- Applications for SAMHSA exemption must be supported by the OTP's medical director and chief executive officer (CEO).

Request for SOTA Support

The purpose of the request is to:

- Demonstrate the OTP is *qualified* to receive an exemption; and
- Provide *justification* for:
 - The state to support the exemption; and
 - SAMHSA to grant the exemption.

To that end, the OTP should strongly consider including the following in its request:

Specific request

Include language that the OTP is making a specific request for this exemption. For example,

The undersigned OTP requests the state support its application to SAMHSA for an exemption pursuant to 42 CFR 8.11(h) to allow the PAs enumerated in this request to admit patients and order the dispensing of opioid agonist agents approved for addiction treatment as a part of their practice at this OTP.

Background information

- Name of the OTP and point of contact (POC);
- OTP number;
- OTP sponsor (name, title, and contact information);
- OTP medical director (name, title, and contact information);
- SAMHSA certification number and expiration date; and
- Date of most recent accreditation survey.

Include a list of the PAs to be included by the exemption:

- Name as it appears on PA license;
- State PA license number;
- Curriculum Vitae (CV) or similar background demonstrating relevant education and experience;
- National practitioner identification (NPI) number; and
- DEA registration number.

Request is within PA legal scope

Cite the specific state statutes and rules that show that prescribing and adjusting *approved agents* is otherwise permitted by state law. (See the appendix for a state-by-state summary of PA scope of practice and prescriptive authority.)

Justification

Be sure to include not only the reasons why you are making this request, but also the justification.

Reasons may include:

- Increase in patients due to healthcare reform, Medicaid expansion, opioid epidemic, etc.;
- Decrease in available workforce, such as few physicians available to adjust prescriptions or OTP is located in a health professional shortage area ([HPSA](#));
- The limited number of OTPs in your community; and
- Additional reasons, such as behavioral health integration or other efficiencies.

Justifications might include statements and information that demonstrate an exemption would lead to:

- Additional patients being served; and
- A decrease in the patient waiting list.

To fully justify your request, include statistics such as number of patients, the decrease in days waiting to see a healthcare professional, and number of healthcare providers in your community relative to other communities.

Patient safety and quality assurance

Include documentation demonstrating:

- How PAs and physicians collaborate on patient care;
- How PAs keep current with the latest medical education; and
- What quality measures the OTP has in place.

Who should sign the request?

It is highly suggested that the request for SOTA support be signed by:

- A representative of the OTP sponsor;
- The head of the OTP, typically the program director; and
- The OTP medical director.

The SOTA will be the first point of contact for the OTP to request an exemption. The SOTA can provide needed forms to the applicant upon request. The SOTA will direct the OTP where the exemption application should be forwarded at SAMHSA should it obtain SOTA support.

Prepared with the Society of PAs in Addiction Medicine.

This information is provided to assist PAs and OTPs in applying for exemptions. It is not legal advice or a substitute for legal advice.

Be sure that PAs covered by an exemption request have completed training that meets state and federal requirements. This specific training may have limited availability in some areas.

Appendix

Organizational Contacts

Constituent Organization Outreach and Advocacy ([COOA](#))

American Academy of PAs

- Ann Davis, MS, PA-C, Vice President
- Brian Dautch, MA, JD, Assistant Director – Specialty Organizations
- Mary Kate Allee, MPH, Senior Director – Caucuses, Federal Service Chapters and Special Interest Groups
- Adam S. Peer, BBA, Director – North Central Region State Chapters
- Keisha Pitts, JD, Director – Western Region State Chapters, Puerto Rico, American Samoa, Commonwealth of the Northern Mariana Islands and Guam
- Stephanie Radix, JD, Senior Director – Southeast Region State Chapters and U.S. Virgin Islands
- Carson Walker, JD, Director – Northeast Region State Chapters
- Erika Miller, Director – South Central Region State Chapters

Federal Advocacy

American Academy of PAs

- Tate Heuer, Vice President
- Kristin Butterfield, MA, Director – Grassroots and Political Advocacy
- Chris Stewart, Director – Federal Advocacy

Society of PAs in Addiction Medicine ([SPAAM](#))

- [Jim Anderson](#), PA-C, MPAS, DFAAPA, President, Society of PAs in Addiction Medicine

State Opioid Treatment Authority ([SOTA](#)) Contacts

Current as of 4/30/18

Alaska

Kathryn Chapman
Division of Behavioral Health
P.O. Box 110620
Juneau, AK 99811-0629
Telephone: (907) 465-4959
Fax: (907) 465-2185
kathryn.chapman@alaska.gov

Alabama

H. Carter English
AL Department of Mental Health
100 N. Union St
Montgomery, AL 36130
Telephone: (334) 242-3216
Carter.English@mh.alabama.gov

Arkansas

Phil Hall
305 South Palm Street, Administration
Little Rock, AR 72205
Telephone: (501) 251-6503
Fax: (501) 686-9396
phil.hall@dhs.arkansas.gov

Arizona

Michelle Skurka
Arizona Health Care Cost Containment System
701 E Jefferson St., MD 6500
Phoenix, AZ 85034
Telephone: (602) 364-2111
Michelle.Skurka@azahcccs.gov

California

Michael Freeman
PO Box 997413, MS 2603
Sacramento, CA 95899-7413
Telephone: (916) 327-3176
Fax: (916) 440-5230
Michael.freeman@dhcs.ca.gov

Colorado

Mandy Malone
3824 West Princeton Circle
Denver, CO 80236
Telephone: (303) 866-7493
Fax: (303) 866-7520
Mandy.Malone@state.co.us

Connecticut

Lauren Siembab
Department of Mental Health and Addiction
Services
410 Capitol Avenue
Hartford, CT 06134
Telephone: (860) 418-6897
Fax: (860) 418-6691
Lauren.Siembab@po.state.ct.us

District of Columbia

64 New York Avenue NE, 3rd Floor
DC Department of Behavioral Health
Washington, DC 20002
Telephone: (202) 671-2970
sharon.hunt@dc.gov

Delaware

Delaware Psychiatric Center
1901 N. DuPont Highway
New Castle, DE 19720
Telephone: (302) 255-2710
Greg.Valentine@state.de.us

Florida

Corine Stancil
1317 Winewood Boulevard, Building 6, Room
273-A
Tallahassee, FL 32399, FL 32399
Telephone: (850) 717-4427
corine.stancil@myflfamilies.com

Georgia

Vonshurii S. Wrighten
Division of Addictive Diseases, Georgia
Department of Behavioral Health
2 Peachtree Street, NW, Ste. 22-283
Atlanta, GA 30303
Telephone: (404) 657-2386
Fax: (404) 657-6417
vswrighten@dhr.state.ga.us

Hawaii

Derek Nakamura
Department of Public Safety
3375 Koapaka Street, Suite D-100
Honolulu, HI 96819
Telephone: (808) 837-8489
Fax: (808) 837-8474
derek.j.nakamura@hawaii.gov

Iowa

Kevin Gabbert
Iowa Dept. of Public Health
321 East 12th Street
Des Moines, IA 50319
Telephone: (515) 281-7080
Fax: (515) 281-4535
Kevin.gabbert@idph.iowa.gov

Idaho

Rachel Gillett
Idaho Dept. of Health & Welfare – Division of
Behavioral Health
450 W. State St. 3rd Floor
Boise, ID 83702
Telephone: (208) 332-7243
GillettR@dhw.idaho.gov

Illinois

Richard Weisskopf
Office of Alcoholism and Substance Abuse
100 W. Randolph Street, Suite 5600
Chicago, IL 60601-3297
Telephone: (312) 814-6380
Fax: (312) 814-2419
Richard.Weisskopf@illinois.gov

Indiana

Terry Cook
Assistant Director, DMHA
402 West Washington, Room W353
Indianapolis, IN 46204
Telephone: (317) 233-4319
Fax: (317) 233-1986
Terry.Cook@FSSA.IN.gov

Kansas

Kansas Department for Aging and Disability
Services
503 South Kansas Avenue
Topeka, KS 66603-3404
Telephone: (785) 296-0649
Fax: (785) 296-0256
Kimberly.Reynolds@ks.gov

Kentucky

Karla Thompson
Department for Behavioral Health,
Developmental & Intellectual Disabilities
275 E Main St 4W-G
Frankfort, KY 40621-0001
Telephone: (502) 782-6298
Fax: (502) 564-9010
karla.Thompson@ky.gov

Louisiana

Traci Perry
Louisiana Department of Health and Hospitals
Office of Behavioral Health
628 North 4th Street, 4th floor (447-9)
Baton Rouge, LA 70821-2790
Telephone: (225) 342-5988
Fax: (225) 342-1984
Traci.Perry@la.gov

Massachusetts

Jennifer Babich
23 Service Center
Western MA Regional Health Office
Northampton, MA 01060
Telephone: (413) 586-3132
Fax: (413) 784-1037
Jennifer.babich@state.ma.us

Maryland

Frank Dyson
55 Wade Avenue
Catonsville, MD 21228
Telephone: (410) 402-8684
frank.dyson@maryland.gov

Maine

Katherine Coutu
Telephone: (207) 441-7656
Fax: (207) 287-4334
Katherine.Coutu@maine.gov

Michigan

Lisa Miller
Bureau of Substance Abuse and Addiction
Services
320 S Walnut 5th Floor
Lansing, MI 48913
Telephone: (517) 241-1216
MillerL12@michigan.gov

Minnesota

Rick Moldenhauer
Chemical Health Division
P.O. Box 64799
St. Paul, MN 55164-0977
Telephone: (651) 431-2474
Fax: (651) 431-7449
Richard.Moldenhauer@state.mn.us

Missouri

Cheryl Marcum
Missouri Department of Mental Health/Division
of Alcohol and Drug Abuse
1706 E. Elm Street, PO Box 687
Jefferson City, MO 39201
Telephone: (573) 526-4507
Fax: (573) 751-7814
Cheryl.Marcum@dmh.mo.gov

Mississippi

Michael Jordan
239 North Lamar Street
Robert E. Lee Bldg. Suite 801
Jackson, MS 39201
Telephone: (601) 359-6915
Fax: (601) 359-6672
mjordan@dmh.ms.gov

Montana

Jackie Jandt
555 Fuller Ave/PO Box 202905
Helena, MT 59620-2905
Telephone: (406) 444-9656
Fax: (406) 444-9389
jjandt@mt.gov

North Carolina

Smith Worth
Division of Mental Health, Developmental
Disabilities and SA Services, NCDHHS
3004 Mail Service Center
Raleigh, NC 27699-3004
Telephone: (919) 733-0696
Fax: (919) 715-3604
Smith.Worth@dhhs.nc.gov

North Dakota

Lacresha Graham
Division of Mental Health and Substance Abuse,
ND Dept of Human Services
1237 West Divide Avenue, Suite C
Bismarck, ND 58501-1208
Telephone: (701) 328-8922
Fax: (701) 328-8969
lgraham@nd.gov

Nebraska

Todd Stull
Division of Behavioral Health
DHHS
Telephone: (402) 309-0062
Fax: (402) 471-7859
todd.stull@nebraska.gov

New Hampshire

Annette Escalante
105 Pleasant Street
Concord, NH 03301
Telephone: (603) 271-8554
Annette.escalante@dhhs.nh.gov

New Jersey

Adam Bucon
Acting State Opioid Treatment Authority
120 South Stockton Street
Trenton, NJ 08625
Telephone: (609) 984-3316
adam.bucon@dhs.state.nj.us

New Mexico

Rosemary Nowak
New Mexico Behavioral Health Services
Division PO Box 2348
37 Plaza La Prensa PO Box
Santa Fe, NM 87504
Telephone: (505) 476-9257
Rosemary.Nowak@state.nm.us

Nevada

Kendra Furlong
Substance Abuse Prevention and Treatment
Agency
4126 Technology Way, 2nd Floor
Carson City, NV 89706
Telephone: (775) 684-4091
Fax: (775) 684-4185
kendrafurlong@health.nv.gov

New York

Belinda Greenfield
NYS OASAS - Bureau of Treatment
501 7th Avenue - 8th floor
New York, NY 10018
Telephone: (646) 728-4581
Fax: (646) 728-4690
belindagreenfield@oasas.ny.gov

Ohio

Richard Massatti
Ohio Department of Mental Health and Addiction
Services
30 East Broad Street
Columbus, OH 43215
Telephone: (614) 752-8718
Richard.Massatti@mha.ohio.gov

Oklahoma

Ray Caesar
PO Box 53277
1200 Northeast 13th Street
Oklahoma City, OK 73152-3277
Telephone: (405) 522-3870
Fax: (405) 522-3650
rcaesar@odmhsas.org

Oregon

John McIlveen
Addictions and Mental Health Division (AMH)
500 Summer St. NE
Salem, OR 97302
Telephone: (503) 945-6602
john.w.mcilveen@dhsosha.state.or.us

Pennsylvania

Wenona Wake
Department of Drug and Alcohol Programs,
Bureau of Quality Assurance for Prevent
132 Kline Village, Suite A
Harrisburg, PA 17104
Telephone: (717) 736-7501
Fax: (717) 787-3188
wwake@pa.gov

Rhode Island

Linda Mahoney
Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals
14 Harrington Rd., Barry Hall
Cranston, RI 02920
Telephone: (401) 462-3056
linda.mahoney@bhddh.ri.gov

South Carolina

Virginia Ervin
DAODAS
2414 Bull St. Suite 301
Columbia, SC 29202
Telephone: (803) 896-4860
Fax: (803) 896-5557
vervin@daodas.state.sc.us

South Dakota

Tiffany Wolfgang
811 E 10th St. Dept. 9
Sioux Falls, SD 57103
Telephone: (605)367-5078
Fax: (605) 367-5239

Tennessee

Wes Geminn
TN Dept. of Mental Health and Substance
Abuse Services, Division of Clinical Leadership
500 Deaderick St.
Nashville, TN 37243
Telephone: (615) 532-6736
wesley.geminn@tn.gov

Texas

Laurie DeLong
P.O. Box 149347
Mail Code 1979
Austin, TX 78714-9347
Telephone: (512) 834-6700 x2146
Laurie.DeLong@dshs.state.tx.us

Utah

Rebecca King
State Division of Substance Abuse and Mental
Health
195 North 1950 West
Salt Lake City, UT 84116
Telephone: (801) 538-4278

Fax: (801) 538-9892
rbarnett@utah.gov

Virginia

Diane Oehl
1220 Bank St.
Richmond, VA
Telephone: (804) 371-4616
diane.oehl@dbhds.virginia.gov

Vermont

Anthony Folland
108 Cherry St.
Suite 207
Burlington, VT 05401
Telephone: (802) 652-4141
Fax: (802) 651-1573
Anthony.Folland@state.vt.us

Washington

Jessica Blose
PO Box 45330
Olympia, WA 98504
Telephone: (360) 725-3716
jessica.blose@dshs.wa.gov

Wisconsin

Elizabeth Collier
Department of Health Services
1 W. Wilson St. Room 850
Madison, WI 53703
Telephone: (608) 267-7707
Fax: (608) 264-6066
Elizabeth.Collier@dhs.wisconsin.gov

West Virginia

Jim Matney
350 capitol st.
Charleston, WV 25301
Telephone: (304) 356-4773
James.A.Matney@wv.gov

Wyoming

Dr. Bill Letson
Wyoming State Health Officer
Department of Health
2300 Capitol Avenue
Cheyenne, WY 82002
Phone: (307) 777-6186
Fax: (307) 777-5580

State PA Prescriptive Authority Statutes and Administrative Rules

Alabama

[...]

(5) Prescribe or Prescribing. -- The act of issuing a prescription for a controlled substance.

(6) Prescription. -- Any order for a controlled substance written or signed or transmitted by word of mouth, telephone, telegraph, closed circuit television or other means of communication by a legally competent supervising physician or assistant to physician authorized by law to prescribe and administer such drug which is intended to be filled, compounded, or dispensed by a pharmacist.

[...]

ALA. CODE § 20-2-60(5),(6)

The Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate (QACSC) to an assistant to physician who:

(1) Is practicing with appropriate physician supervision as defined herein and in accordance with this article; Title 34, Chapter 24, Article 7, and all rules and regulations pertaining to physician supervision between qualified physicians and qualified assistants to physicians.

(2) Submits proof of successful completion of a course or courses approved by the Board of Medical Examiners of the State of Alabama which includes advanced pharmacology and prescribing trends relating to controlled substances.

(3) Provides accurate and complete documentation of a minimum of 12 months of active, clinical employment with physician supervision following National Commission on Certification of Physician Assistants (NCCPA) certification.

ALA. CODE § 20-2-62

(a) Upon receipt of a Qualified Alabama Controlled Substances Registration Certificate (QACSC) and a valid registration number issued by the United States Drug Enforcement Administration, an assistant to physician may prescribe, administer, authorize for administration, or dispense only those controlled substances listed in Schedules III, IV, and V of Article 2, Chapter 2, Title 20 in accordance with rules adopted by the board and any protocols, formularies, and medical regimens established by the board for regulation of a QACSC.

(b) An assistant to physician shall not utilize his or her QACSC for the purchasing, obtaining, maintaining, or ordering of any stock supply or inventory of any controlled substance in any form.

(c) An assistant to physician authorized to prescribe, administer, or dispense controlled substances in accordance with the provisions of this article shall not prescribe, administer, or dispense any controlled substance to his or her own self, spouse, child, or parent.

ALA. CODE § 20-2-63

(a) The Board of Medical Examiners may at any future date it chooses create a Limited Purpose Schedule II Permit (LPSP), and assess fees associated with the permit, that, along with any other necessary registration, may permit assistants to physicians to lawfully prescribe, administer, authorize for administration, or dispense only those controlled substances listed in Schedule II substances of Article 2 of Chapter 2 of this title in accordance, as specified and limited by the permit, with rules adopted by the board and any protocols, formularies, and medical regimens established by the board for regulation of a LPSP. Any protocols, formularies, and medical regimens shall not be considered administrative rules under the Alabama Administrative Procedure Act.

(b) An assistant to physician shall not utilize his or her LPSP for the purchasing, obtaining, maintaining, or ordering of any stock supply or inventory of any controlled substance in any form.

(c) An assistant to physician authorized to prescribe, administer, or dispense controlled substances in accordance with this article shall not prescribe, administer, or dispense any controlled substance to his or her own self, spouse, child, or parent.

(d) The board may not permit assistants to physicians to lawfully prescribe, administer, authorize for administration, or dispense all controlled substances listed in Schedule II of Article 2 of Chapter 2 of this

title. It is the intent of this article, if and when the board chooses to use this authority at some future date, that the LPSP may be used only at the board's discretion and as limited by the board to specific circumstances and specific drugs.

ALA. CODE § 20-2-260

Prescribe or Prescribing. – The act of issuing a written prescription for a legend drug.

ALA. CODE § 34-24-290(7)

(c) A licensed assistant to a physician registered to a licensed physician practicing under a job description approved in the manner prescribed by this article may prescribe legend drugs to patients, subject to both of the following conditions:

(1) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved job description signed by the physicians to whom the assistant is registered.

(2) The drug shall be on the formulary approved under the guidelines of the Board of Medical Examiners.

(d) Assistants to physicians may administer any legend drug which they are authorized to prescribe under this section. An assistant to a physician may not initiate a call-in prescription in the name of his or her physician for any drug, whether legend drug or controlled substance, which the assistant is not authorized to prescribe under the job description signed by his or her physician and approved under this section, unless the drug is specifically ordered for the patient by the physician either in writing or by a verbal order which has been reduced to writing and which has been signed by the physician within a time specified in the guidelines of the Board of Medical Examiners.

ALA. CODE § 34-24-292(C), (D)

The board may establish written guidelines which govern the prescription practices of assistants to physicians. The guidelines and any and all additions, deletions, corrections, or changes thereto shall not be considered a rule or regulation requiring publication under the Alabama Administrative Procedure Act. The guidelines shall establish a formulary of legend drugs that may be prescribed by an assistant to physicians and establish minimum requirements for review of the prescribing practice of an assistant to a physician by his or her supervising physician.

ALA. CODE § 34-24-293(1)

Assistants to physicians granted a temporary license will not be granted prescriptive privileges. [...]

The board, in its discretion, may waive the requirements in subsection (b).

ALA. CODE § 34-24-301(B), (C)

PRESCRIBE OR PRESCRIBING. The act of issuing a written prescription for a legend drug.

ALA. ADMIN. CODE r. 540-X-7-.01(11)

PRESCRIPTION. An order for a legend drug which is written and signed by an assistant to a physician authorized to prescribe and administer the drug and which is intended to be filled, compounded, or dispensed by a pharmacist. The term "prescription" does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription).

ALA. ADMIN. CODE r. 540-X-7-.01(12)

The supervising physician and the physician assistant shall adhere to any written guidelines established by the Board to govern the prescription practices of physician assistants.

ALA. ADMIN. CODE r. 540-X-7-.23(8)

(1) A physician assistant may prescribe a legend drug to a patient subject to both of the following conditions being met:

(a) The drug type, dosage, quantity prescribed, and number of refills are authorized in the job description which is signed by the supervising physician to whom the physician assistant is currently registered and which is approved by the Board;

(b) The drug is included in the formulary approved under the guidelines established by the Board for governing the prescription practices of physician assistants.

(2) Subject to any limitations stated in protocols and medical regimens adopted by the Board and subject to any limitations by the supervising physician in the approved formulary, a physician assistant may prescribe any drug, substance or compound which is listed in Schedules III through V of the Alabama Uniform Controlled Substances Act upon being granted a Qualified Alabama Controlled Substances Certificate (QACSC) and upon submission of an approved QACSC formulary.

(3) The supervising physician and the physician assistant shall adhere to and follow all requirements and procedures stated in written guidelines established by the Board to govern the prescribing practices of physician assistants.

(4) A physician assistant who is registered to a physician with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(5) A physician assistant may not initiate a call-in prescription in the name of the supervising physician for any drug which the assistant is not authorized to prescribe unless the drug is specifically ordered for the patient by the supervising physician either in writing or by a verbal order reduced to writing and signed by the physician within the time specified in the guidelines established by the Board.

(6) For any drug which the physician assistant is authorized to prescribe, a written prescription signed by the physician assistant and entered into the patient's chart may be called-in to a pharmacy.

(7) Whenever a physician assistant calls in a prescription to a pharmacy, the physician assistant shall identify his or her supervising physician.

(8) A physician assistant may administer any legend drug or controlled drug which the assistant is authorized to prescribe.

(9) When prescribing legend drugs or controlled drugs a physician assistant shall use a prescription form which includes all of the following:

(a) The name, medical practice site address and telephone number of the physician supervising the physician assistant;

(b) The physician assistant's name printed below or to the side of the physician's name;

(c) The medical practice site address and telephone number of the physician assistant, if different from the address of the supervising physician;

(d) The physician assistant's license number assigned by the Board and the QACSC registration number, when a controlled substance is prescribed;

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly underneath a signature line;

(f) The words "Dispense as written" printed on one side of the prescription form directly underneath a signature line.

(10) For inpatients and nursing home patients, a physician assistant may enter a verbal order from the supervising physician for controlled substances or other medications which the assistant is not authorized to prescribe, provided that the order is co-signed by the supervising physician in accordance with established guidelines and institutional policies.

ALA. ADMIN. CODE r. 540-X-7-.28

Prescribe or Prescribing - The act of issuing a prescription for a controlled substance.

ALA. ADMIN. CODE r. 540-X-12-.01(7)

(1) The Board is the certifying board which may issue or deny a QACSC to an assistant to physician.

(2) Beginning the calendar year 2010, QACSCs may be issued by the Board to Physician Assistants (P.A.s).

(2) Although the Board recognizes two categories of assistants to physicians, only a person licensed and registered by the Board as a Physician Assistant (P.A.) may be issued a QACSC.

(3) A P.A. who prescribes, administers authorizes for administration or dispenses any controlled substance within Alabama or who proposes to engage in the prescribing, administering, authorizing for

administration or dispensing of any controlled substance within Alabama shall obtain, annually, a QACSC for each registration of the P.A. by the Board to perform medical services under the supervision of a physician.

(4) A P.A. who prescribes, administers, authorizes for administration or dispenses, or who proposes to engage in the prescribing, administering, authorizing for administration or dispensing of any controlled substance within Alabama shall obtain the appropriate registration or registrations issued by the United States Drug Enforcement Administration.

ALA. ADMIN. CODE r. 540-X-12-.02

To qualify for a QACSC, an individual must meet the following requirements:

- (1) Be a Physician Assistant (P.A.) who holds a current and unrestricted license issued by the Board and who is registered by the Board to perform medical services under the supervision of a physician who holds a valid, current and unrestricted Alabama Controlled Substances Registration Certificate (ACSC);
- (2) Be a P.A. who is practicing with appropriate physician supervision and in accordance with all statutes and rules governing P.A.s;
- (3) Submit proof of successful completion of twelve (12) hours of AMA PRA Category 1 credits TM or the equivalent continuing medical education (CME), which shall include the following:
 - (a) "Prescribing Controlled Drugs; Critical Issues and Common Pitfalls," a continuing medical education course jointly sponsored by the Board and the Medical Association of the State of Alabama (8 hours of instruction).
 - (b) Four (4) AMA PRA Category 1 TM credits or equivalent through a Board approved course or courses that include advanced pharmacology and prescribing trends relating to controlled substances.
- (4) Complete the required twelve (12) credits within one (1) year preceding the filing of an application for a QACSC.
- (5) Provide accurate and complete documentation of a minimum of twelve (12) months of active clinical employment with physician supervision following National Commission on Certification of Physician Assistants (NCCPA) certification.
- (6) Submit an application on forms provided by the Board.
- (7) Pay the required application fee required by the Board.

ALA. ADMIN. CODE r. 540-X-12-.03

- (1) The authority of a P.A. to prescribe, administer, authorize for administration or dispense pursuant to a QACSC is limited to those controlled substances enumerated in Schedules III, IV and V.
- (2) A P.A. shall not prescribe, administer, authorize for administration, or dispense any controlled substance enumerated in Schedule I or Schedule II.
- (3) A P.A. shall prescribe, administer, authorize for administration or dispense controlled substances in accordance with the requirements of Code of Ala. 1975, §§ 0-2-60 through 20- 2-69; any other applicable sections of the Alabama Uniform Controlled Substances Act (Code of Ala. 1975, §20-2-1, et. seq.); Board rules; protocols and medical regimens established by the Board for regulation of a QACSC; and any requirements or limitations established in an approved formulary by the supervising physician to whom the Physician Assistant is registered.
- (4) A P.A. shall not utilize his or her QACSC for the purchasing, obtaining, maintaining or ordering of any stock supply or inventory of any controlled substance in any form.
- (5) A P.A. who has been issued a valid and current QACSC may accept from pharmaceutical representatives prepackaged samples or starter packs in their original packages or containers for controlled substances enumerated in Schedules III, IV or V, subject to any restriction or limitations on the P.A.'s approved formulary and subject to any protocols or medical regimens established by the Board.
- (6) A P.A. shall not prescribe, administer, authorize for administration or dispense any controlled substance to his or her own self, spouse, child or parent.

ALA. ADMIN. CODE r. 540-X-12-.07

The Alabama Board of Medical Examiners is the certifying board which may issue, renew, deny, limit, restrict, suspend or revoke a Limited Purpose Schedule II Permit (LPSP) for qualified Physician Assistants (PAs).

ALA. ADMIN. CODE r. 540-X-20-.01

To qualify for an LPSP, a PA shall have a current, active and unrestricted Alabama license to practice as a physician assistant, shall be registered to practice with a supervising physician, and shall have a current, active and unrestricted Qualified Alabama Controlled Substances Certificate (QACSC) for Schedules III, IV and V.

The PA shall submit an application on forms provided by the Board.

The PA shall pay the application fee required by the Board.

ALA. ADMIN. CODE r. 540-X-20-.02(1),(3),(4)

Effective January 1, 2015, the Board may issue an LPSP to a PA when all of the requirements for issuance have been met.

Every LPSP issued shall have a unique LPSP number which identifies the applicant as a PA.

ALA. ADMIN. CODE r. 540-X-20-.03

(1) Renewal of an LPSP shall be annually on or before Jan. 1 of each year.

(2) An application for annual renewal of an LPSP shall be received by the Board on or before December 31 and shall be accompanied by the required LPSP renewal fee.

(3) Before renewing an LPSP, the applicant shall have a current QACSC for Schedules III, IV and V, a current United States Drug Enforcement Administration (DEA) registration for Schedules II through V, and a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

ALA. ADMIN. CODE r. 540-X-20-.04

(1) The authority of a PA to prescribe, administer or authorize for administration a Schedule II controlled substance pursuant to an LPSP shall be practice specific.

(2) Only those Schedule II controlled substances which are generally and customarily used in the specialty practice of the supervising physician with whom the PA is registered will be approved by the Board to be prescribed, administered or authorized for administration pursuant to the LPSP.

(3) A specific practice formulary listing the specific Schedule II controlled substances to be prescribed, administered or authorized for administration by the PA, shall be submitted with the application for the LPSP and shall be approved by the Board prior to issuance of the LPSP. The authority of the PA to prescribe, administer, or authorize for administration a Schedule II controlled substance shall be limited to the Schedule II controlled substances which are listed in the specific practice formulary and approved by the Board.

ALA. ADMIN. CODE r. 540-X-20-.06(1)-(3)

Alaska

(a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department. [...]

(c) A physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

(d) The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the collaborative plan on file with the division.

(e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity only with the authorization of the physician assistant's primary collaborating physician. If granted this authority, the physician assistant is responsible for complying with all state and federal

inventory and record keeping requirements. The authorization must be documented in the physician assistant's current collaborative plan on file with the division. Within 10 days after the date of issue on the form, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

[...]

(h) Termination of a collaborative plan terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that plan.

(i) A prescription written under this section by a physician assistant must include the

- (1) primary collaborating physician's name;
- (2) primary collaborating physician's DEA registration number;
- (3) physician assistant's name; and
- (4) physician assistant's DEA registration number.

(j) In this section, unless the context requires otherwise,

- (1) "order" means writing instructions on an order sheet to dispense a medication to a patient from an on-site pharmacy or drug storage area; for purposes of this paragraph, "on-site pharmacy" means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing;
- (2) "prescription" means a written document regarding a medication prepared for transmittal to a licensed pharmacy for the dispensing of the medication;
- (3) "schedule," used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).

ALASKA ADMIN. CODE tit.12, § 40.450

Arizona

G. The physician assistant may perform health care tasks in any setting authorized by the supervising physician, including physician offices, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions. These tasks may include: [...]

10. Prescribing schedule IV or V controlled substances as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) and prescription-only medications.

11. Prescribing schedule II and III controlled substances as defined in the federal controlled substances act of 1970.

ARIZ. REV. STAT. ANN. § 32-2531(G)(10),(11)

A. Except as provided in subsection F of this section, a physician assistant shall not prescribe, dispense or administer:

1. A schedule II or schedule III controlled substance as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) without delegation by the supervising physician, board approval and drug enforcement administration registration.
2. A schedule IV or schedule V controlled substance as defined in the federal controlled substances act of 1970 without drug enforcement administration registration and delegation by the supervising physician.
3. Prescription-only medication without delegation by the supervising physician.
4. Prescription medication intended to perform or induce an abortion.

B. All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. A physician assistant shall issue prescription orders for controlled substances under the physician assistant's own drug enforcement administration registration number.

C. Unless certified for thirty day prescription privileges pursuant to section 32-2504, subsection A, a physician assistant shall not prescribe a schedule II or schedule III controlled substance for a period exceeding seventy-two hours. For each schedule IV or schedule V controlled substance, a physician assistant may not prescribe the controlled substance more than five times in a six month period for each patient.

D. A prescription for a schedule II or III controlled substance is not refillable without the written consent of the supervising physician.

E. Prescription-only drugs shall not be dispensed, prescribed or refillable for a period exceeding one year.

F. Except in an emergency, a physician assistant may dispense schedule II or schedule III controlled substances for a period of use of not to exceed seventy-two hours with board approval or any other controlled substance for a period of use of not to exceed thirty-four days and may administer controlled substances without board approval if it is medically indicated in an emergency dealing with potential loss of life or limb or major acute traumatic pain.

G. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be:

1. Prepackaged in a unit-of-use package by the supervising physician or a pharmacist acting on a written order of the supervising physician.
2. Labeled to show the name of the supervising physician and physician assistant.

H. A physician assistant shall not obtain a drug from any source other than the supervising physician or a pharmacist acting on a written order of the supervising physician. A physician assistant may receive manufacturers' samples if allowed to do so by the supervising physician.

I. If a physician assistant is approved by the board to prescribe, administer or dispense schedule II and schedule III controlled substances, the physician assistant shall maintain an up-to-date and complete log of all schedule II and schedule III controlled substances he administers or dispenses.

J. The board shall advise the state board of pharmacy and the United States drug enforcement administration of all physician assistants who are authorized to prescribe or dispense drugs and any modification of their authority.

K. The state board of pharmacy shall notify all pharmacies at least quarterly of physician assistants who are authorized to prescribe or dispense drugs.

ARIZ. REV. STAT. ANN. § 32-2532

A supervising physician shall develop a system for recordation and review of all instances in which the physician assistant prescribes schedule II or schedule III controlled substances.

ARIZ. REV. STAT. ANN. § 32-2533(D)

Arkansas

(a) Physicians supervising physician assistants may delegate prescriptive authority to physician assistants to include prescribing, ordering, and administering Schedule III-V controlled substances as described in the Uniform Controlled Substances Act, §§ 5-64-101 -- 5-64-510, and 21 C.F.R. Part 1300, all legend drugs, and all nonschedule prescription medications and medical devices. All prescriptions and orders issued by a physician assistant shall identify his or her supervising physician.

(b) A physician assistant may prescribe hydrocodone combination products reclassified from Schedule III to Schedule II as of October 6, 2014, if authorized by the physician assistant's supervising physician and in accordance with other requirements of this section.

(c) At no time shall a physician assistant's level of prescriptive authority exceed that of the supervising physician.

(d) Physician assistants who prescribe controlled substances must register with the Drug Enforcement Administration as part of the Drug Enforcement Administration's Mid-Level Practitioner Registry, 21 C.F.R. Part 1300, 58 FR 31171-31175, and the Controlled Substances Act.

(e) The Arkansas State Medical Board shall promptly adopt rules concerning physician assistants that are consistent with the Arkansas State Medical Board's rules governing the prescription of dangerous drugs and controlled substances by physicians.

ARK. CODE ANN. § 17-105-108

(a) Pharmacists licensed in the State of Arkansas are hereby authorized to fill prescriptions in the State of Arkansas for licensed physician assistants for Schedule III--V controlled substances as described in the Uniform Controlled Substances Act, §§ 5-64-101 -- 5-64-510, and 21 C.F.R. Part 1300.

(b) Physician assistant-generated prescriptions for controlled substances must have the physician assistant's name and Drug Enforcement Administration number and the supervising physician's name communicated either verbally, in writing, or by electronic means. Controlled substances, prescription medications, and products dispensed by a licensed pharmacist to a patient per a physician assistant-generated prescription shall state on the labeling prepared by the pharmacist the physician assistant's name and "PA" behind the physician assistant's name. Pharmacists shall carry out the physician assistant's prescriptive request or order in the same manner as they would for the physician assistant's supervising physician. All prescriptions and orders issued by a physician assistant shall also identify his or her supervising physician.

ARK. CODE ANN. § 17-92-112

A. A physician assistant must be authorized by his supervising physician to prescribe legend drugs and scheduled medication for patients. Said authorization must be stated in the protocol submitted by the physician assistant to the Board and approved by the Board. A supervising physician may only authorize a physician assistant to prescribe schedule medication that the physician is authorized to prescribe. A physician assistant may only be authorized to prescribe schedule 3 through 5 medications, except that a physician assistant may prescribe hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, if authorized by the physician assistant's supervising physician, and in accord with other requirements of the section. Prescriptions written by a physician assistant must contain the name of the supervising physician on the prescription.

B. The physician assistant will make an entry in the patient chart noting the name of the medication, the strength, the dosage, the quantity prescribed, the directions, the number of refills, together with the signature of the physician assistant and the printed name of the supervising physician for every prescription written for a patient by the physician assistant.

C. The supervising physician shall be identified on all prescriptions and orders of the patient in the patient chart if issued by a physician assistant.

D. Physician assistants who prescribe controlled substances shall register with the Drug Enforcement Administration as part of the Drug Enforcement Administration's Mid-Level Practitioner Registry, 21 C.F.R. Part 1300, 58 FR 31171-31175, and the Controlled Substances Act.

60 ARK. CODE R. 24(5)

California

(a) In addition to the services authorized in the regulations adopted by the Medical Board of California, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device [...].

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice-specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

(b) "Drug order," for purposes of this section, means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law,

(1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician,

(2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and

(3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols or shall be approved by the supervising physician and surgeon before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant shall not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board.

[...]

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

[...]

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

CAL. BUS. & PROF. CODE § 3502.1(a)-(c)(1)(2),(d),(f)

In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present : [...] (h) administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1 of the Code.

CAL. CODE REGS. tit. 16 § 1399.541(h)

Colorado

A person licensed under the laws of this state to practice medicine may delegate to a physician assistant licensed by the board pursuant to section 12-36-107.4 the authority to perform acts that constitute the practice of medicine and acts that physicians are authorized by law to perform to the extent and in the manner authorized by rules promulgated by the board, including the authority to prescribe medication, including controlled substances, and dispense only the drugs designated by the board. Such acts must be consistent with sound medical practice. Each prescription for a controlled substance, as defined in section 18-18-102(5), C.R.S., issued by a physician assistant licensed by the board shall be imprinted with the name of the physician assistant's supervising physician. For all other prescriptions issued by a physician assistant, the name and address of the health facility and, if the health facility is a multi-specialty organization, the name and address of the specialty clinic within the health facility where the physician assistant is practicing must be imprinted on the prescription. Nothing in this subsection (5) limits the ability of otherwise licensed health personnel to perform delegated acts. The dispensing of prescription medication by a physician assistant is subject to section 12-42.5-118(6).

COLO. REV. STAT. § 12-36-106(5)(a)

(a) A licensee shall not be subject to disciplinary action by the board solely for prescribing controlled substances for the relief of intractable pain.

(b) For the purposes of this subsection (1.5), "intractable pain" means a pain state in which the cause of the pain cannot be removed and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain.

COLO. REV. STAT. § 12-36-117(1.5)

A physician or physician assistant licensed pursuant to this article may prescribe or dispense, directly or in accordance with standing orders and protocols, an opiate antagonist to [...].

COLO. REV. STAT. § 12-36-117.7(1)

A. Prescribing Provisions:

1. A physician assistant may issue a prescription order for any drug or controlled substance provided that:

- a. Each prescription and refill order is entered on the patient's chart.
- b. Each written prescription for a controlled substance shall contain in legible form, the name of the physician assistant and the name, address and telephone number of the supervising physician.
- c. For all other written prescriptions issued by a physician assistant, the physician assistant's name and the address of the health facility where the physician assistant is practicing must be imprinted on the prescription.
 - i. If the health facility is a multi-specialty organization, the name and address of the specialty clinic within the health facility where the physician assistant is practicing must be imprinted on the prescription.

- d. Nothing in this Section 3 of these Rules shall prohibit a physician supervisor from restricting the ability of a supervised physician assistant to prescribe drugs or controlled substances.
 - e. A physician assistant may not issue a prescription order for any controlled substance unless the physician assistant has received a registration from the United States Drug Enforcement Administration.
 - f. For the purpose of this Rule electronic prescriptions are considered written prescription orders.
2. Physician assistants shall not write or sign prescriptions or perform any services that the supervising physician for that particular patient is not qualified or authorized to prescribe or perform.
- B. Obtaining Prescription Drugs or Devices to Prescribe, Dispense, Administer or Deliver
- 1. No drug that a physician assistant is authorized to prescribe, dispense, administer or deliver shall be obtained by said physician assistant from a source other than a supervising physician, pharmacist or pharmaceutical representative.
 - 2. No device that a physician assistant is authorized to prescribe, dispense, administer or deliver shall be obtained by said physician assistant from a source other than a supervising physician, pharmacist or pharmaceutical representative.

COLO. CODE REGS. § 3-713, RULE 400, SEC. 3

Connecticut

- (a) [...] A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (I) prescribe and administer drugs, including controlled substances in schedule IV or V in all settings, (II) renew prescriptions for controlled substances in schedule II, III, IV or V in all settings, (III) prescribe and administer controlled substances in schedule II or III in all settings, provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall document such physician's approval of the order in the patient's medical record in the manner prescribed in the written delegation agreement, and (IV) prescribe and approve the use of durable medical equipment. The physician assistant may, as delegated by the supervising physician within the scope of such physician's license, request, sign for, receive and dispense drugs to patients, in the form of professional samples, as defined in section 20-14c, or when dispensing in an outpatient clinic as defined in the regulations of Connecticut state agencies and licensed pursuant to subsection (a) of section 19a-491 that operates on a not-for-profit basis, or when dispensing in a clinic operated by a state agency or municipality. Nothing in this subsection shall be construed to allow the physician assistant to request, sign for, receive or dispense any drug the physician assistant is not authorized under this subsection to prescribe.
- (b) All prescription forms used by physician assistants shall contain the signature, name, address and license number of the physician assistant. All orders written by a physician assistant shall be followed by the signature and the printed name of the physician assistant.

CONN. GEN. STAT. § 20-12d(a)-(b)

Delaware

- (2) Delegated medical acts provided by physician assistants to include, but not be limited to: [...]
- d. Medical acts of diagnosis and prescription of therapeutic drugs and treatments which have been delegated by the supervising physician;
 - e. Prescriptive authority for therapeutic drugs and treatments within the scope of physician assistant practice, as delegated by the supervising physician. The physician assistant's prescriptive authority and authority to practice as a physician assistant are subject to biennial renewal upon application to the Physician Assistant Regulatory Council.

DEL. CODE ANN. tit. 24, § 1773(a)(2)(d)-(e)

Legend - For the purpose of these rules and regulations the term "legend" is defined as any drug containing the statement "Caution: Federal law prohibits dispensing without prescription" required by section 503(b)(4) of the Federal Food, Drug, and Cosmetic Act as part of the labeling of all prescription drugs (and only such drugs). A "legend" drug is thus a prescription drug, III.B.3 and 24 Del.C. § 2502(22).

24-1700 DEL. CODE REGS. § 13.1.2

Prescriptive authority for the therapeutic drugs and treatments will include the following:

- Prescriptive authority is a delegated medical service by the supervising physician.
- Prescriptive authority will be practice specific of the supervising physician.
- PAs may prescribe legend medication including Schedule II-V controlled substances, (as defined in the Controlled Substance Act), parenteral medications, medical therapeutics, devices and diagnostics.
- PAs will be assigned a provider identifier number as outlined by the Division of Professional Regulation.

Controlled Substances registration will be as follows:

- PAs must register with the Drug Enforcement Agency (DEA) and use such DEA number for controlled substance prescriptions.
- PAs must register biennially with the Secretary of the Department of Health and Social Services in accordance with 16 Del.C. § 4732(a).

Prescriptions must include the printed or legibly handwritten name of the PA. Prescriptions shall be written in accordance with 17 Del.C. § 1764A and shall contain the following information clearly typed or written:

- The name and phone number of the prescriber;
- The name and strength of the drug prescribed;
- The quantity of the drug prescribed;
- The directions for the use of the drug;
- Date of issue.

PA prescriptions must include the Division of Professional Regulation provider identifier number.

PA prescriptions for a controlled substance must include the PA's DEA number, as well as the Division of Professional Regulation provider identifier number.

As a delegated authority by the supervising physician PAs may request and issue professional samples of legend and over-the-counter medications. Professional samples must be labeled in compliance with 24 Del.C. § 2522(c).

24-1700 DEL. CODE REGS. § 13.3

District of Columbia

All physician assistants may perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices that are delegated by their supervising physician(s). Each prescription must bear the name of the supervising physician and physician assistant.

All written prescriptions issued by a physician assistant shall be written on a prescription pad that bears the printed names of the physician assistant and the supervising physician. The physician assistant must include the federal Drug Enforcement Agency (DEA) registration number on prescriptions for controlled medications.

Electronic prescription orders must comply with the provisions of Title 22 DCMR, § 1304.

Physician assistants may request, receive, and sign for professional samples and may dispense professional samples to patients as delegated by a supervising physician and as otherwise consistent with §§ 4912.1 and 4912.6.

As delegated to do so by a supervising physician, physician assistants may order, prescribe, and dispense legend drugs and controlled substances enumerated in schedules II through V in D.C. Official

Code § 48-902.01 et seq. Physician assistants authorized to prescribe and/or dispense controlled substances must register with the DEA.

Professional samples of drugs dispensed pursuant to § 4912.4 shall be labeled to show the following:

- (a) The name and strength of the drug;
- (b) The lot and control number; and
- (c) The expiration date of the drug.

All drugs dispensed by a physician assistant, except professional samples, shall be labeled to show the following:

- (a) The name and address of the providing institution;
- (b) The name of the supervising physician and physician assistant;
- (c) The name of the patient;
- (d) The date dispensed;
- (e) The name and strength of the drug;
- (f) Directions for use;
- (g) Cautionary statements, if appropriate;
- (h) The lot and control number; and
- (i) The expiration date of the drug.

A physician assistant who administers, dispenses, or prescribes a prescription drug shall enter a progress note in the patient's chart on the date of the transaction and shall include the following information:

- (a) Each prescription that a physician assistant orders; and
- (b) The name, strength, and quantity of each drug that a physician assistant dispenses or administers.

D.C. MUN. REGS. tit. 17, § 4912

A licensed physician assistant may, if permissible under the bylaws, rules and regulations of the practice setting, write medical orders, including those for controlled substances, for patients under the care of the physician responsible for his/her supervision.

D.C. MUN. REGS. tit. 17, § 4916.3

Florida – Allopathic

[...]

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant and inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.
2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
3. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the

American Medical Association Physician's Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as Category 1 credit.

4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the requirements of this paragraph. The physician assistant is not required to independently register pursuant to s. 465.0276.

5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(1) and chapter 499 and must contain, in addition to the supervising physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

(f) 1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include general anesthetics and radiographic contrast materials, and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age.

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$ 200 to fund the provisions of this paragraph and paragraph (e).

(g) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

(h) A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant's practice in accordance with his or her education and training unless expressly prohibited under this chapter, chapter 459, or rules adopted under this chapter or chapter 459.

FLA. STAT. ANN. § 458.347(4)(e),(f),(g),(h)

Registration as a dispensing physician assistant shall be made on the form set forth in subsection 64B8-4.029(4), F.A.C.

FLA. ADMIN. CODE ANN. r. 64B8-30.003(4)

Only those physician assistants authorized by law and rule to prescribe shall be permitted to dispense sample drugs to patients. Dispensing of sample drugs to patients shall be permitted only when no charge is made to the patient or a third party for the service or the drugs and if the sample being dispensed could otherwise have been legally prescribed by the physician assistant. This rule shall not be construed to

prohibit a physician assistant employed in a county health department from ordering and providing patients with prepackaged and prelabeled drugs in accordance with Section 154.04(1)(c), F.S.

FLA. ADMIN. CODE ANN. r. 64B8-30.006

Written prescriptions shall be subject to the following requirements:

- (1) Each supervising physician and prescribing physician assistant shall enter into and keep on file a written agreement outlining which medicinal drugs not prohibited by the formulary the supervising physician has specifically authorized the physician assistant to prescribe.
- (2) Each agreement must be signed and dated by all parties and maintained on file for at least five (5) years.
- (3) Any such agreement must be provided to the Department, the Council or any agent of one of them upon request.

FLA. ADMIN. CODE ANN. r. 64B8-30.007

(1) Physician Assistants approved to prescribe medicinal drugs under the provisions of Section 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to prescribe the following medicinal drugs, in pure form or combination:

(a) Controlled substances, as defined in Chapter 893, F.S. Effective January 1, 2017, Physician Assistants may prescribe controlled substances, as defined in Chapter 893, F.S., with the following restrictions:

1. Physician Assistants may not prescribe psychiatric mental health controlled substances for children younger than 18 years of age.
2. Physician Assistants may only prescribe a 7-day supply of Schedule II controlled substances as listed in Section 893.03, F.S.

(b) General, spinal or epidural anesthetics.

(c) Radiographic contrast materials.

(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).

(3) Subject to the requirements of this subsection, Sections 456.44, 458.347, 458.3265, 459.022 and 459.0137, F.S., and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

FLA. ADMIN. CODE ANN. r. 64B8-30.008

Florida - Osteopathic

[...]

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that she or he is a physician assistant. and must inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.
2. The supervising physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal.

4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the requirements of this paragraph. The physician assistant is not required to independently register pursuant to s. 465.0276.

5. The prescription must be written in a form that complies with chapter 499 and, in addition to the supervising physician's name, address, and telephone number, must contain the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465, and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

(f) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

(g) A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant's practice in accordance with his or her education and training unless expressly prohibited under this chapter, chapter 458, or rules adopted under this chapter or chapter 458.

[...]

FLA. STAT. ANN. § 459.022(4)(e),(f),(g)

Only those physician assistants authorized by law and rule to prescribe shall be permitted to dispense sample drugs to patients. Dispensing of sample drugs to patients shall be permitted only when no charge is made to the patient or a third party for the service or the drugs and if the sample being dispensed could otherwise have been legally prescribed by the physician assistant. This rule shall not be construed to prohibit a physician assistant employed in a county health department from ordering and providing patients with prepackaged and prelabeled drugs in accordance with Section 154.04(1)(c), F.S.

FLA. ADMIN. CODE ANN. r. 64B15-6.00365

Written prescriptions shall be subject to the following requirements: Each supervising physician and prescribing physician assistant shall enter into and keep on file a written agreement outlining which medicinal drugs not prohibited by the formulary the supervising osteopathic physician has specifically authorized the physician assistant to prescribe. Each agreement must be signed and dated by all parties and maintained on file for at least five (5) years. Any such agreement must be provided to the Department, the Council, or any of their agents upon request.

FLA. ADMIN. CODE ANN. r. 64B15-6.0037

(1) Physician Assistants approved to prescribe medicinal drugs under the provisions of Section 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to prescribe the following medicinal drugs, in pure form or combination:

(a) Controlled substances, as defined in Chapter 893, F.S. Effective January 1, 2017, Physician Assistants may prescribe controlled substances, as defined in Chapter 893, F.S., with the following restrictions:

1. Physician Assistants may not prescribe psychiatric mental health controlled substances for children younger than 18 years of age.
2. Physician Assistants may only prescribe a 7-day supply of Schedule II controlled substances as listed in Section 893.03, F.S.

(b) General, spinal or epidural anesthetics;

(c) Radiographic contrast materials.

(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).

(3) Subject to the requirements of this subsection, Sections 456.44, 458.347, 458.3265, 459.022 and 459.0137, F.S., and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

FLA. ADMIN. CODE ANN. r. 64B15-6.0038

Georgia

"Practitioner" means: A physician assistant acting pursuant to the authority of subsection (e.1) of Code Section 43-34-103. For purposes of this chapter and subsection (e.1) of Code Section 43-34-103, a physician assistant is authorized to register with the federal DEA and appropriate state authorities.

GA. CODE ANN. § 16-13-21(23)(D)

A physician may delegate to a physician assistant:

(i) The authority to order controlled substances selected from a formulary of such drugs established by the board and the authority to order dangerous drugs, medical treatments, and diagnostic studies;

(ii) The authority to request, receive, and sign for professional samples and to distribute professional samples to patients. The office or facility at which the physician assistant is working shall maintain a general list of the professional samples approved by the delegating physician for request, receipt, and distribution by the physician assistant as well as a complete list of the specific number and dosage of each professional sample and medication voucher received. Professional samples that are distributed by a physician assistant shall be so noted in the patient's medical record. In addition to the requirements of this Code section, all professional samples shall be maintained as required by applicable state and federal laws and regulations; and

[...]

(2) A physician may delegate to a physician assistant the authority to order dangerous drugs, medical treatments, or diagnostic studies and a physician assistant is authorized to dispense dangerous drugs, in accordance with a dispensing procedure and under the authority of an order issued in conformity with a job description, if that physician assistant orders or dispenses those dangerous drugs, medical treatments, or diagnostic studies:

(A) As an agent or employee of:

(i) The Department of Public Health;

(ii) Any county board of health; or

(iii) Any organization:

(I) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, as defined in Code Section 48-1-2, other than an organization which is a hospital, preferred provider organization, health maintenance organization, or similar organization; or

(II) Established under the authority of or receiving funds pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act, which organization provides that those medical services and dangerous drugs which are ordered or dispensed by its physician assistants will be provided at no cost to the patient or at a cost based solely upon the patient's ability to pay; and

(B) In conformity with subsection (b) of Code Section 26-4-130 and the rules and regulations established pursuant thereto by the State Board of Pharmacy.

(3) In addition, a physician may delegate to a physician assistant the authority to order dangerous drugs, medical treatments, or diagnostic studies and a physician assistant is authorized to dispense dangerous drugs, in accordance with a dispensing procedure and under the authority of an order issued in conformity with a job description, if that physician assistant orders or dispenses such drugs, treatments, or studies to a patient of an outpatient clinic:

(A) Which is owned or operated by a licensed hospital;

(B) Which provides such drugs, treatments, or studies free or at a charge to the patient based solely upon the patient's ability to pay; provided, however, such charge shall not exceed the actual cost to the outpatient clinic; and

(C) Whose services are primarily provided to the medically disadvantaged

and that nurse or physician assistant orders or dispenses such drugs in conformity with subsection (b) of Code Section 26-4-130 and the rules and regulations established pursuant thereto by the State Board of Pharmacy.

(4) Delegation of authority to a physician assistant pursuant to this subsection shall be authorized only if that delegation is contained in the job description approved for that physician assistant by the board.

GA. CODE ANN. § 43-34-23(b)(1)(B)-(C)(4)

"Order" means to prescribe pursuant to a job description which drug, medical device, medical treatment, or diagnostic study is appropriate for a patient and to communicate the same in writing, orally, via facsimile, or electronically.

GA. CODE ANN. § 43-34-102(5)

"Prescription drug order" means a written or oral order of a physician assistant for a drug or medical device for a specific patient. Such term includes an electronic visual image prescription drug order and an electronic data prescription drug order.

GA. CODE ANN. § 43-34-102(8)

(e) A physician assistant may not be utilized to perform the duties of a pharmacist licensed under Chapter 4 of Title 26, relating to pharmacists.

(e.1)(1) In addition to and without limiting the authority granted by Code Section 43-34-23, a physician may delegate to a physician assistant, in accordance with a job description, the authority to issue a prescription drug order or orders for any device as defined in Code Section 26-4-5 or to issue any dangerous drug as defined in Code Section 16-13-71 or any Schedule III, IV, or V controlled substance as defined in Code Section 16-13-21 on a prescription drug order or prescription device order form as specified in paragraph (3) of this subsection. Delegation of such authority shall be contained in the job description required by this Code section. The delegating physician shall remain responsible for the medical acts of the physician assistant performing such delegated acts and shall adequately supervise the physician assistant. If an existing job description for a physician assistant does not contain such authority to order a prescription drug or device order as provided by this subsection, that physician assistant may not issue any such prescription drug or device order until a new job description delegating such authority is submitted to and approved by the board.

(2) Nothing in this Code section shall be construed to authorize the written prescription drug order of a Schedule I or II controlled substance. Nothing in this subsection shall be construed to create a presumption of liability, either civil or criminal, on the part of a pharmacist who is duly licensed under Title 26 and who in good faith fills a prescription drug or device order presented by a patient pursuant to this subsection. The pharmacist shall presume that the prescription drug or device order was issued by a physician assistant duly licensed under this article who has qualified under this Code section to prescribe pharmaceutical agents. The pharmacist shall also presume that the pharmaceutical agent prescribed by the physician assistant is an approved pharmaceutical agent, unless the pharmacist has actual or constructive knowledge to the contrary.

(3) The physician assistant shall only be authorized to exercise the rights granted under this subsection using a prescription drug or device order form which includes the name, address, and telephone number

of the prescribing supervising or alternate supervising physician, the patient's name and address, the drug or device prescribed, the number of refills, and directions to the patient with regard to the taking and dosage of the drug. A prescription drug order which is transmitted either electronically or via facsimile shall conform to the requirements set out in paragraphs (1) and (2) of subsection (c) of Code Section 26-4-80, respectively. Any form containing less information than that described in this paragraph shall not be offered to or accepted by any pharmacist who is duly licensed under Title 26.

(4) The physician assistant or office staff shall notify the patient that the patient has the right to see the physician prior to any prescription drug or device order being issued by the physician assistant.

(5) Nothing in this Code section shall be construed to authorize a physician assistant to authorize refills of any drug for more than 12 months from the date of the original prescription drug or device order.

(6) A supervising physician or alternate supervising physician shall evaluate or examine, at least every three months, any patient receiving controlled substances.

(7) In addition to the copy of the prescription drug or device order delivered to the patient, a record of such prescription shall be maintained in the patient's medical record in the following manner:

(A) The physician assistant carrying out a prescription drug or device order shall document such order either in writing or by electronic means; and

(B) Except in facilities operated by the Department of Public Health, the supervising physician shall review the prescription drug or device order copy and medical record entry for prescription drug or device orders issued within the past 30 days by the physician assistant. Such review may be achieved with a sampling of no less than 50 percent of such prescription drug or device order copies and medical record entries.

(8) A physician assistant is not permitted to prescribe drugs or devices except as authorized in the physician assistant's job description and in accordance with this article.

(9) The board shall adopt rules establishing procedures to evaluate an application for a job description containing the authority to order a prescription drug or device and any other rules the board deems necessary or appropriate to regulate the practice of physician assistants, to carry out the intent and purpose of this article, or to protect the public welfare.

(10) A physician assistant authorized by a primary supervising physician to order controlled substances pursuant to this Code section is authorized to register with the federal Drug Enforcement Administration.

(11) A physician assistant delegated the authority by the primary supervising physician to issue a prescription drug or device order shall be required to complete a minimum of three hours of continuing education biennially in practice specific pharmaceuticals in which the physician assistant has prescriptive order privileges.

(12) A managed care system, health plan, hospital, insurance company, or other similar entity shall not require a physician to be a party to a job description as a condition for participation in or reimbursement from such entity.

(e.2) A physician assistant may be delegated the authority to request, receive, and sign for professional samples and may distribute professional samples to patients so long as delegation of such authority is contained in a job description and the professional samples are within the specialty of the supervising physician. The office or facility at which the physician assistant is working must maintain a general list of professional samples approved by the supervising physician for request, receipt, and distribution by the physician assistant as well as a complete list of the specific number and dosage of each professional sample received. Professional samples that are distributed by a physician assistant shall be so noted in the patient's medical record. In addition to the requirements of this Code section, all professional samples shall be maintained as required by applicable state and federal law and regulations. As used in this subsection, the term "professional samples" means complimentary doses of a drug, medication vouchers, or medical devices provided by the manufacturer for use in patient care.

GA. CODE ANN. § 43-34-103(e),(e.1)-(e.2)

A physician assistant may not issue a written prescription for a Schedule II controlled substance. Provided, however, this does not preclude:

(a) a physician assistant from preparing such a prescription for administration of a Schedule II controlled substance for signature by the primary or alternate supervising physician on the date that the prescription is issued to the patient. Such prescriptions may not be pre-signed.

(b) A physician assistant from issuing a written or verbal order for a Schedule II controlled substance within a health care setting. The supervising or an alternate supervising physician must co-sign such orders in compliance with any provisions required by the location where the physician assistant is practicing.

GA. COMP. R. & REGS. r. 360-5-.05(8)

The physician assistant may issue a prescription drug order, and/or order and initiate medical treatment or diagnostic studies in any health care setting, as authorized by his or her supervising physician.

GA. COMP. R. & REGS. r. 360-5-.11(4)

(1) If authorized by his/her job description, a physician assistant may issue a prescription drug order for any medical device as defined by Code Section 26-4-5, any dangerous drug as defined in Code Section 16-13-71 or any Schedule III, IV, or V controlled substance as defined in Code Section 16-13-21.

(2) Any physician assistant who has been authorized to issue a prescription drug order for controlled substances must register with the federal Drug Enforcement Administration ("DEA").

(3) A prescription drug or device order form issued by an authorized physician assistant shall, at a minimum, contain the name, address and telephone number of the primary or alternate supervising physician, the patient's name and address, the drug or device ordered, the directions to the patient for taking the medication, the dosage, the number of refills allowed, the name and DEA number (if applicable) of the physician assistant, and the signature of the physician assistant.

(4) The prescription drug order may be transmitted orally, by telephone, on paper, electronically or via facsimile. Any electronic prescription drug order must comply with the provision of O.C.G.A. Title 16, Chapter 13 and Title 26, Chapter 4. A record of the prescription must be maintained in the patient's medical record.

(5) A physician assistant may authorize refills of any drug or device for up to 12 months from the date of the original prescription unless otherwise provided by law. Scheduled III, IV or V controlled substances may not be refilled more than six months from date of original prescription.

(6) The physician assistant or office staff shall notify the patient that he has the right to see the physician prior to receiving a prescription drug or device order. Prominent signage in the office may serve this purpose.

(7) The primary or alternate supervising physician shall evaluate or examine patients receiving controlled substances at least every three months.

(8) Except in facilities operated by the Division of Public Health of the Department of Community Health, the primary or alternate supervising physician shall review the physician assistant's prescription drug or device orders and corresponding medical record entries within 30 days. This review may be achieved with a sampling of no less than 50 percent of the prescription drug or device orders and/or corresponding medical record entries.

(9) If authorized by the job description, a physician assistant may request, receive, sign for and distribute professional samples. Professional samples means complimentary doses of a drug, medication vouchers or medical devices provided by the manufacturer for use in patient care. If the professional samples are controlled substances, the physician assistant must also be registered with the federal Drug Enforcement Administration.

(a) The office where the physician assistant practices must maintain a general list of all professional samples that the supervising physician has approved the physician assistant to request, receive, sign for and distribute. Such samples must be consistent with the specialty of the supervising physician.

(b) A complete list of the specific drugs or devices provided to a patient by a physician assistant must be noted in the patient's medical record.

GA. COMP. R. & REGS. r. 360-5-.12

Hawaii

Physician assistant means person licensed under § 453-5.3 who is registered under this chapter to administer, prescribe or dispense a controlled substance under the authority and supervision of a physician registered under section 329-33, but who is not authorized to request, receive or sign for professional controlled substance samples.

HAW. REV. STAT. § 329-1

A physician assistant registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:

- (A) The Drug Enforcement Administration registration number of the supervising physician; and
- (B) The Drug Enforcement Administration registration number of the physician assistant.

Each written controlled substance prescription issued shall include the printed, stamped, typed, or hand-printed name, address, and phone number of both the supervising physician and physician assistant, and shall be signed by the physician assistant. The medical record of each written controlled substance prescription issued by a physician assistant shall be reviewed and initialed by the physician assistant's supervising physician within seven working days.

HAW. REV. STAT. § 329-38(4)

(a) The supervising physician or osteopathic physician shall:

[...]

(9) Be authorized to allow the physician assistant to prescribe, dispense and administer medications and medical devices to the extent delegated by the supervising physician and subject to following requirements:

- (A) Prescribing, dispensing or administering of medications may include Schedule II through V and all legend medications;
- (B) A physician assistant who has been delegated the authority to prescribe Schedule II through V medications shall register with the Narcotics Enforcement Division of the Department of Public Safety and Drug Enforcement Administration (DEA);
- (C) Each prescription issued by a physician assistant shall include the printed, stamped, typed or hand-printed name, address, and phone number of the supervising physician or osteopathic physician and physician assistant. When prescribing Schedule II through V medications, the written prescription or order shall include the DEA registration number of the supervising physician or osteopathic physician. The physician assistant shall sign the prescription in close proximity to the printed, stamped, typed, or hand-printed name of the physician assistant;
- (D) The board may notify the pharmacy board in writing, at least annually or more frequently if required by changes, of each physician assistant authorized to prescribe;
- (E) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients, provided that the professional samples are not controlled substances; and
- (F) All prescribing, dispensing or administering activities shall comply with appropriate federal and state laws, rules and regulations.

HAW. CODE R. § 16-85-49(a)(9)

Idaho

A physician assistant may issue written or oral prescriptions for legend drugs and controlled drugs, Schedule II through V only in accordance with approval and authorization granted by the Board and in accordance with the current delegation of services agreement and shall be consistent with the regular prescriptive practice of the supervising or alternate supervising physician.

A physician assistant who wishes to apply for prescription writing authority shall submit to the Board an application for such purpose on forms supplied by the Board. In addition to the information contained in

the general application for physician assistant approval, the application for prescription writing authority shall include the following information:

- a. Documentation of all pharmacology course content completed, the length and whether a passing grade was achieved (at least thirty (30) hours).
- b. A statement of the frequency with which the supervising physician will review prescriptions written or issued.
- c. A signed affidavit from the supervising physician certifying that, in the opinion of the supervising physician, the physician assistant is qualified to prescribe the drugs for which the physician assistant is seeking approval and authorization.
- d. The physician assistant to be authorized to prescribe Schedule II through V drugs shall be registered with the Federal Drug Enforcement Administration and the Idaho Board of Pharmacy.

Prescription forms used by the physician assistant must be printed with the name, address, and telephone number of the physician assistant and of the supervising physician. A physician assistant shall not write prescriptions or complete or issue prescription blanks previously signed by any physician.

The physician assistant shall maintain accurate records, accounting for all prescriptions issued and medication delivered.

The physician assistant who has prescriptive authority may request, receive, sign for and distribute professional samples of drugs and devices in accordance with his current delegation of services agreement and consistent with the regular prescriptive practice of the supervising physician.

The physician assistant who has prescriptive authority may dispense prescriptive drugs or devices directly to patients under the direction of the supervising physician and in accordance with IDAPA 27.01.01, Rules of the Idaho State Board of Pharmacy.

Controlled Substances for Office Use. The physician assistant who has prescriptive authority may order controlled substances for office use or distribution in accordance with the regulations of the Drug Enforcement Administration and the Idaho Board of Pharmacy and under the direction of the supervising physician.

IDAHO ADMIN. CODE § 22.01.03.042

Illinois

[...]

(b) A collaborating physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Agency to delegate the authority to prescribe controlled substances.

(1) To prescribe Schedule II, III, IV, or V controlled substances under this Section, a physician assistant must obtain a mid-level practitioner controlled substances license. Medication orders issued by a physician assistant shall be reviewed periodically by the collaborating physician.

(2) The collaborating physician shall file with the Department notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe controlled substances, the physician assistant shall be eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the collaborating physician to a nurse or other appropriately trained persons in accordance with Section 54.2 of the Medical Practice Act of 1987.

(3) In addition to the requirements of this subsection (b), a collaborating physician may, but is not required to, delegate authority to a physician assistant to prescribe Schedule II controlled substances, if all of the following conditions apply:

- (A) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.
- (B) (Blank).
- (C) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.
- (D) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating physician.
- (E) The physician assistant meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

225 ILL. COMP. STAT. 95/7.5(b)

(a) A physician assistant may provide services in a hospital as defined in the Hospital Licensing Act, a hospital affiliate as defined in the University of Illinois Hospital Act, or a licensed ambulatory surgical treatment center as defined in the Ambulatory Surgical Treatment Center Act without a written collaborative agreement pursuant to Section 7.5 of this Act. A physician assistant must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of physician assistants granted clinical privileges, including any care provided in a hospital affiliate. Authority may also be granted when recommended by the hospital medical staff and granted by the hospital or recommended by the consulting medical staff committee and ambulatory surgical treatment center to individual physician assistants to select, order, and administer medications, including controlled substances, to provide delineated care. In a hospital, hospital affiliate, or ambulatory surgical treatment center, the attending physician shall determine a physician assistant's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

(a-5) Physician assistants practicing in a hospital affiliate may be, but are not required to be, granted authority to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.

To prescribe controlled substances under this subsection (a-5), a physician assistant must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee.

The hospital affiliate shall file with the Department notice of a grant of prescriptive authority consistent with this subsection (a-5) and termination of such a grant of authority in accordance with rules of the Department. Upon receipt of this notice of grant of authority to prescribe any Schedule II through V controlled substances, the licensed physician assistant may register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

In addition, a hospital affiliate may, but is not required to, grant authority to a physician assistant to prescribe any Schedule II controlled substances if all of the following conditions apply:

- (1) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by physician assistants in their area of certification; this grant of authority must identify the

specific Schedule II controlled substances by either brand name or generic name; authority to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

(2) any grant of authority must be controlled substances limited to the practice of the physician assistant;

(3) any prescription must be limited to no more than a 30-day supply;

(4) the physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and

(5) the physician assistant must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

225 ILL. COMP. STAT. 95/7.7(a), (a-5)

(a) The Department of Financial and Professional Regulation shall register licensed physician assistants, licensed advanced practice nurses, and prescribing psychologists licensed under Section 4.2 of the Clinical Psychologist Licensing Act to prescribe and dispense controlled substances under Section 303 and euthanasia agencies to purchase, store, or administer animal euthanasia drugs under the following circumstances:

(1) with respect to physician assistants,

(A) the physician assistant has been delegated written authority to prescribe any Schedule III through V controlled substances by a physician licensed to practice medicine in all its branches in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987; and the physician assistant has completed the appropriate application forms and has paid the required fees as set by rule; or

(B) the physician assistant has been delegated authority by a collaborating physician licensed to practice medicine in all its branches to prescribe or dispense Schedule II controlled substances through a written delegation of authority and under the following conditions:

(i) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated;

(ii) any delegation must be of controlled substances prescribed by the collaborating physician;

(iii) all prescriptions must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician;

(iv) the physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician;

(v) the physician assistant must have completed the appropriate application forms and paid the required fees as set by rule;

(vi) the physician assistant must provide evidence of satisfactory completion of 45 contact hours in pharmacology from any physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or its predecessor agency, for any new license issued with Schedule II authority after the effective date of this amendatory Act of the 97th General Assembly; and

(vii) the physician assistant must annually complete at least 5 hours of continuing education in pharmacology; [...].

720 ILL. COMP. STAT. 570/303.05(a)

(a) A supervising physician may delegate limited prescriptive authority to a physician assistant. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend

controlled substances categorized as Schedule III, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, as delegated in the written guidelines required by the Physician Assistant Practice Act of 1987. To prescribe Schedule III, IV, or V controlled substances under this Section, a physician assistant must obtain a mid-level practitioner controlled substances license. Medication orders issued by a physician assistant shall be reviewed periodically by the supervising physician. The supervising physician shall file with the Division notice of delegation of prescriptive authority to a physician assistant and termination of delegation, specifying the authority delegated or terminated. Upon receipt of this notice delegating authority to prescribe Schedule III, IV, or V controlled substances, the physician assistant shall be eligible to register for a mid-level practitioner controlled substances license under Section 303.05 of the Illinois Controlled Substances Act. Nothing in this Act shall be construed to limit the delegation of tasks or duties by the supervising physician to a nurse or other appropriately trained personnel. (Section 7.5 of the Act)

(b) Written Guidelines.

(1) If the supervising physician has delegated prescriptive authority to the physician assistant, the written guidelines shall include a statement indicating that the supervising physician has delegated prescriptive authority for legend drugs and any schedule of controlled substances. The delegation must be appropriate to the physician's practice and within the scope of the physician assistant's training.

(2) The written guidelines shall be signed by both the physician and the physician assistant and a copy maintained at each location where the physician assistant practices along with the physician assistant's state controlled substance license number and the Drug Enforcement Administration (DEA) registration number.

(c) A physician assistant may only prescribe or dispense prescriptions or orders for drugs and medical supplies within the scope of practice of the supervising physician or alternate supervising physician.

(d) The name of the supervising physician shall appear on any prescription written by the physician assistant.

ILL. ADMIN. CODE tit. 68, § 1350.55

Indiana

"Prescribe" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment by spoken or written words or other means.

IND. CODE § 25-27.5-2-12

The physician shall submit the supervisory agreement to the board. The physician assistant may prescribe a drug under the supervisory agreement unless the board denies the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board, and the physician assistant may operate under any new prescriptive authority under the amended supervisory agreement unless the agreement has been denied by the board.

IND. CODE § 25-27.5-5-2(g)

(a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.

(b) A physician assistant may not prescribe, dispense, or administer ophthalmic devices, including glasses, contact lenses, and low vision devices.

(c) A physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. A physician assistant may not prescribe or dispense a schedule I controlled substance listed in IC 35-48-2-4.

(d) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

(e) A physician assistant may not prescribe drugs unless the physician assistant has successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee.

(f) A PA may not prescribe, administer, or monitor general anesthesia, regional anesthesia, or deep sedation as defined by the board. A PA may not administer moderate sedation:

(1) if the moderate sedation contains agents in which the manufacturer's general warning advises that the drug should be administered and monitored by an individual who is:

(A) experienced in the use of general anesthesia; and

(B) not involved in the conduct of the surgical or diagnostic procedure; and

(2) during diagnostic tests, surgical procedures, or obstetric procedures unless the following conditions are met:

(A) A physician is physically present in the area, is immediately available to assist in the management of the patient, and is qualified to rescue patients from deep sedation.

(B) The physician assistant is qualified to rescue patients from deep sedation and is competent to manage a compromised airway and provide adequate oxygenation and ventilation by reason of meeting the following conditions:

(i) The physician assistant is certified in advanced cardiopulmonary life support.

(ii) The physician assistant has knowledge of and training in the medications used in moderate sedation, including recommended doses, contraindications, and adverse reactions.

(g) Before a physician assistant may prescribe a controlled substance, the physician assistant must have practiced as a physician assistant for at least one thousand eight hundred (1,800) hours.

IND. CODE § 25-27.5-5-4

(a) Except as provided in section 4(d) [IC 25-27.5-5-4(d)] of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:

(1) legend drugs except as provided in section 4(c) [IC 25-27.5-5-4(c)] of this chapter; and

(2) medical devices (except ophthalmic devices, including glasses, contact lenses, and low vision devices).

(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician, including the protocols the physician assistant shall use when prescribing the drug.

(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:

(1) Enter the following on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:

(A) The signature of the physician assistant.

(B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.

(C) The physician assistant's state license number.

(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.

(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a) and in accordance with the limitations specified in section 4(c) of this chapter must do the following:

(1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.

(2) Enter the following on each prescription form that the physician assistant uses to prescribe a controlled substance:

- (A) The signature of the physician assistant.
- (B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.
- (C) The physician assistant's state license number.
- (D) The physician assistant's federal Drug Enforcement Administration (DEA) number.

(3) Comply with all applicable state and federal laws concerning prescriptions for controlled substances.

(f) A supervising physician may only delegate to a physician assistant the authority to prescribe controlled substances:

- (1) that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee;
- (2) in an aggregate amount that does not exceed a thirty (30) day supply; the prescription may be refilled by the physician assistant as allowed for under the physician assistant's supervisory agreement; and
- (3) in accordance with the limitations set forth in section 4(c) of this chapter.

(g) Unless the pharmacist has specific knowledge that filling the prescription written by a physician assistant will violate a supervising agreement or is illegal, a pharmacist shall fill a prescription written by a physician assistant without requiring to see the physician assistant's supervising agreement.

(h) A prescription written by a physician assistant that complies with this chapter does not require a cosignature from the supervising physician or physician designee.

IND. CODE § 25-27.5-5-6

Each application for licensure as a physician assistant or for a temporary permit shall include all of the following information: [...]

(F) Must possess a current Indiana physician assistant license or have submitted an application in conjunction with prescribing authority application.

844 IND. ADMIN. CODE § 2.2-2-1(b)

"Supervisory agreement" means a written document signed by the supervising physician or physicians and the physician assistant that:

[...]

(3) specifies the names of the drug or drug classification the physician assistant is delegated to prescribe and the protocol the physician assistant shall follow in prescribing a drug; [...]

844 IND. ADMIN. CODE § 2.2-1.1-16

[The following requirement appears under items to be submitted with an application for a PA license or a temporary permit. However, the intent is that these requirements relate solely to prescriptive authority.]

(b) Each application for licensure as a physician assistant or for a temporary permit shall include all of the following information: [...]

(D) Official transcripts or a notarized copy of transcripts or a notarized copy of CE certificates indicating completion of thirty (30) contact hours of pharmacology.

(E) A letter signed by an employer, past or present, listing the time frame of full-time employment resulting in one thousand eight hundred (1,800) hours in a twelve (12) month period.

(F) Must possess a current Indiana physician assistant license or have submitted an application in conjunction with prescribing authority application.

844 IND. ADMIN. CODE § 2.2-2-1(b)(2)

Iowa

1. A person, other than a pharmacist, physician, dentist, podiatric physician, or veterinarian who dispenses as an incident to the practice of the practitioner's profession, shall not dispense prescription drugs or controlled substances.
2.
 - a. A pharmacist, physician, dentist, or podiatric physician who dispenses prescription drugs, including but not limited to controlled substances, for human use, may delegate nonjudgmental dispensing functions to staff assistants only when verification of the accuracy and completeness of the dispensing is determined by the pharmacist or practitioner in the pharmacist's or practitioner's physical presence. However, the physical presence requirement does not apply when a pharmacist or practitioner is utilizing an automated dispensing system or when a pharmacist is utilizing a tech-check-tech program, as defined in section 155A.3. When using an automated dispensing system the pharmacist or practitioner shall utilize an internal quality control assurance plan that ensures accuracy for dispensing. When using a tech-check-tech program the pharmacist shall utilize an internal quality control assurance plan, in accordance with rules adopted by the board of pharmacy, that ensures accuracy for dispensing. Verification of automated dispensing and tech-check-tech accuracy and completeness remains the responsibility of the pharmacist or practitioner and shall be determined in accordance with rules adopted by the board of pharmacy, the board of medicine, the dental board, and the board of podiatry for their respective licensees.
 - b. A dentist, physician, or podiatric physician who dispenses prescription drugs, other than drug samples, pursuant to this subsection, shall report the fact that they dispense prescription drugs with the practitioner's respective board at least biennially.
 - c. A physician, dentist, or podiatric physician who dispenses prescription drugs, other than drug samples, pursuant to this subsection, shall offer to provide the patient with a written prescription that may be dispensed from a pharmacy of the patient's choice or offer to transmit the prescription orally, electronically, or by facsimile in accordance with section 155A.27 to a pharmacy of the patient's choice.
3. A physician assistant or registered nurse may supply, when pharmacist services are not reasonably available or when it is in the best interests of the patient, on the direct order of the supervising physician, a quantity of properly packaged and labeled prescription drugs, controlled substances, or contraceptive devices necessary to complete a course of therapy. However, a remote clinic, staffed by a physician assistant or registered nurse, where pharmacy services are not reasonably available, shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage, and appropriate use of such drugs, substances, and devices.
4. Notwithstanding subsection 3, a physician assistant shall not dispense prescription drugs as an incident to the practice of the supervising physician or the physician assistant, but may supply, when pharmacist services are not reasonably available, or when it is in the best interests of the patient, a quantity of properly packaged and labeled prescription drugs, controlled substances, or medical devices necessary to complete a course of therapy. However, a remote clinic, staffed by a physician assistant, where pharmacy services are not reasonably available, shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage, and appropriate use of such drugs, substances, and devices. Prescription drugs supplied under the provisions of this subsection shall be supplied for the purpose of accommodating the patient and shall not be sold for more than the cost of the drug and reasonable overhead costs, as they relate to supplying prescription drugs to the patient, and not at a profit to the physician or the physician assistant. If prescription drug supplying authority is delegated by a supervising physician to a physician assistant, a nurse or staff assistant may assist the physician assistant in providing that service. Rules shall be adopted by the board of physician assistants, after consultation with the board of pharmacy, to implement this subsection.
5. Notwithstanding subsection 1 and any other provision of this section to the contrary, a physician may delegate the function of prescribing drugs, controlled substances, and medical devices to a physician assistant licensed pursuant to chapter 148C. When delegated prescribing occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose

delegated authority the physician assistant is prescribing. Rules relating to the authority of physician assistants to prescribe drugs, controlled substances, and medical devices pursuant to this subsection shall be adopted by the board of physician assistants, after consultation with the board of medicine and the board of pharmacy. However, the rules shall prohibit the prescribing of schedule II controlled substances which are listed as depressants pursuant to chapter 124.

6. Health care providers shall consider the instructions of the physician assistant to be instructions of the supervising physician if the instructions concern duties delegated to the physician assistant by a supervising physician.

7. Notwithstanding subsection 1, a family planning clinic may dispense birth control drugs and devices upon the order of a physician. Subsections 2 and 3 do not apply to a family planning clinic under this subsection.

8. Notwithstanding subsection 1, but subject to the limitations contained in subsections 2 and 3, a registered nurse who is licensed and registered as an advanced registered nurse practitioner and who qualifies for and is registered in a recognized nursing specialty may prescribe substances or devices, including controlled substances or devices, if the nurse is engaged in the practice of a nursing specialty regulated under rules adopted by the board of nursing in consultation with the board of medicine and the board of pharmacy.

9. Notwithstanding section 147.86, a person, including a pharmacist, who violates this section is guilty of a simple misdemeanor.

IOWA CODE § 147.107

[...] The medical services to be provided by the physician assistant include, but are not limited to, the following:

[...]

Prescribe drugs and medical devices under the following conditions:

(1) The physician assistant shall have passed the national certifying examination conducted by the National Commission on the Certification of Physician Assistants or its successor examination approved by the board. Physician assistants with a temporary license may order drugs and medical devices only with the prior approval and direction of a supervising physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.

(2) The physician assistant may not prescribe Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124. The physician assistant may order Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124 only with the prior approval and direction of a physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.

(3) The physician assistant shall inform the board of any limitation on the prescriptive authority of the physician assistant in addition to the limitations set out in 327.1(1)"s"(2).

(4) A physician assistant shall not prescribe substances that the supervising physician does not have the authority to prescribe except as allowed in 327.1(1)"n."

(5) The physician assistant may prescribe, supply and administer drugs and medical devices in all settings including, but not limited to, hospitals, health care facilities, health care institutions, clinics, offices, health maintenance organizations, and outpatient and emergency care settings except as limited by 327.1(1)"s"(2).

(6) A physician assistant who is an authorized prescriber may request, receive, and supply sample drugs and medical devices except as limited by 327.1(1)"s"(2).

(7) The board of physician assistants shall be the only board to regulate the practice of physician assistants relating to prescribing and supplying prescription drugs, controlled substances and medical devices.

IOWA ADMIN. CODE 645-327.1(1)(s)

327.6(1) Each written outpatient prescription drug order issued by a physician assistant shall contain the following:

- a. The date of issuance.
- b. The name and address of the patient for whom the drug is prescribed.
- c. The name, strength, and quantity of the drug, medicine, or device prescribed and directions for use.
- d. When delegated prescribing occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose delegated authority the physician assistant is prescribing. Notification may include, but is not limited to, including the physician's name on the prescription, including the physician's name in the memo section of an electronic prescription, or providing the physician's name by telephone or other electronic means. If, in an electronic prescription record, the record does not include a dedicated field for the name of the supervising physician, a memo or comment field may be used to record the supervising physician's name by entering the code "SP01" and then the supervising physician's name prior to any other comment in the memo or comment field.
- e. The physician assistant's name and the practice address.
- f. The signature of the physician assistant followed by the initials "PA."
- g. The Drug Enforcement Administration (DEA) number of the physician assistant if the prescription is for a controlled substance.

All other prescriptions shall comply with paragraph "d."

327.6(2) Each oral prescription drug order issued by a physician assistant shall include the same information required for a written prescription, except for the written signature of the physician assistant and the address of the practitioners.

IOWA ADMIN. CODE 645-327.6

A label bearing the following information shall be affixed to a container in which a prescription drug is supplied:

- a. The name and practice address of the supervising physician and physician assistant.
- b. The name of the patient.
- c. The date supplied.
- d. The directions for administering the prescription drug and any cautionary statement deemed appropriate by the physician assistant.
- e. The name, strength and quantity of the prescription drug in the container.
- f. When supplying Schedule II, III, or IV controlled substances, the federal transfer warning statement must appear on the label as follows: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

IOWA ADMIN. CODE 645-327.7(2)

Kansas

(b) (1) [...] A physician assistant may prescribe drugs pursuant to a written agreement as authorized by the supervising physician.

(2) On and after January 1, 2016, a physician assistant, when authorized by a supervising physician, may dispense prescription-only drugs:

- (A) In accordance with rules and regulations adopted by the board governing prescription-only drugs:
- (B) when dispensing such prescription-only drugs is in the best interest of the patient and pharmacy services are not readily available; and
- (C) if such prescription-only drugs do not exceed the quantity necessary for a 72-hour supply.

[...]

(d) (2) The board shall adopt rules and regulations governing the prescribing of drugs by physician assistants and the responsibilities of the supervising physician with respect thereto. Such rules and regulations shall establish such conditions and limitations as the board determines to be necessary to protect the public health and safety. In developing rules and regulations relating to the prescribing of drugs by physician assistants, the board shall take into consideration the amount of training and capabilities of physician assistants, the different practice settings in which physician assistants and supervising physicians practice, the degree of direction and supervision to be provided by a supervising physician and the needs of the geographic area of the state in which the supervising physician's physician assistant and the supervising physician practice. In all cases in which a physician assistant is authorized to prescribe drugs by a supervising physician, a written agreement between the supervising physician and the physician assistant containing the essential terms of such authorization shall be in effect. Any written prescription order shall include the name, address and telephone number of the supervising physician. In no case shall the scope of the authority of the physician assistant to prescribe drugs exceed the normal and customary practice of the supervising physician in the prescribing of drugs.

(e) The physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written agreement as authorized by the supervising physician. In order to prescribe or dispense controlled substances, the physician assistant shall register with the federal drug enforcement administration.

(f) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101 and amendments thereto.

KAN. STAT. ANN. § 65-28a08(b), (d)(2),(e),(f)

"Written agreement" means the section of the active practice request form that specifies the agreed scope of authorized medical services and procedures and prescription-only drug authority for each physician assistant.

KAN. ADMIN. REGS. § 100-28a-1a (j)

The active practice request form submitted by each physician assistant shall contain the following: [...]

(4) the prescription-only drugs, including controlled substances and professional samples, that the physician assistant is authorized to prescribe, administer, dispense, or distribute;

(5) any specific exceptions to the physician assistant's authority to prescribe, administer, dispense, or distribute prescription-only drugs, including controlled substances and professional samples [...]

KAN. ADMIN. REGS. § 100-28a-9(e)(4),(5)

Except as otherwise required by K.A.R. 100-28a-13, a supervising physician shall not be required to cosign orders or prescriptions written in a patient's medical record by a physician assistant to whom the supervising physician has delegated the performance of services constituting the practice of medicine and surgery.

KAN. ADMIN. REGS. § 100-28a-10(c)

(a) Any physician assistant may administer, prescribe, distribute, or dispense a prescription-only drug pursuant to K.S.A. 65-28a08, and amendments thereto, as authorized by the written agreement required by K.A.R. 100-28a-9 and as authorized by this regulation.

(b) As used in this regulation, "emergency situation" shall have the meaning specified in K.A.R. 68-20-19.

(c) Any physician assistant may directly administer a prescription-only drug as follows:

- (1) If directly ordered or authorized by the supervising physician or substitute supervising physician;
- (2) if authorized by a written agreement between the supervising physician and the physician assistant; or
- (3) if an emergency situation exists.

(d) (1) Any physician assistant may prescribe a schedule II controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6. Except as specified in paragraph (d)(2), each prescription for a schedule II controlled substance shall be in writing.

- (2) Any physician assistant may, by oral or telephonic communication, authorize a schedule II controlled substance in an emergency situation. Within seven days after authorizing an emergency prescription order, the physician assistant shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.
- (e) Any physician assistant may orally, telephonically, electronically, or in writing prescribe a controlled substance listed in schedule III, IV, or V, or a prescription-only drug not listed in any schedule as a controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6.
- (f) Each written prescription order by a physician assistant shall meet the following requirements:
- (1) Contain the name, address, and telephone number of the supervising physician;
 - (2) contain the name, address, and telephone number of the physician assistant;
 - (3) be signed by the physician assistant with the letters "P.A." following the signature; and
 - (4) contain any DEA registration number issued to the physician assistant if a controlled substance is prescribed.
- (g) Any physician assistant may distribute a prescription-only drug to a patient only if all of the following conditions are met:
- (1) The drug is distributed under the same conditions as those in which a physician assistant may directly administer a prescription-only drug, as described in subsection (b).
 - (2) The drug has been provided to the physician assistant or the physician assistant's supervising physician or employer at no cost.
 - (3) The drug is commercially labeled and is distributed to the patient in the original prepackaged unit-dose container.
 - (4) The drug is distributed to the patient at no cost.
- (h) Any physician assistant may dispense a prescription-only drug to a patient under the limited circumstances specified in K.S.A. 65-28a08, and amendments thereto, in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery specified in K.A.R. 100-28a-6.
- (i) A physician assistant shall not administer, prescribe, distribute, or dispense a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the supervising physician.

KAN. ADMIN. REGS. § 100-28a-13

Kentucky

A supervising physician shall prohibit a physician assistant from prescribing or dispensing controlled substances

KY. REV. STAT. ANN. § 311.856(2)

A physician assistant may prescribe and administer all nonscheduled legend drugs and medical devices as delegated by the supervising physician. A physician assistant who is delegated prescribing authority may request, receive, and distribute professional sample drugs to patients.

KY. REV. STAT. ANN. § 311.858(4)

Louisiana

(1) A physician assistant may prescribe, order, and administer drugs to the extent delegated by the supervising physician except as provided pursuant to R.S. 37:930 relative to anesthetics. Drugs which may be prescribed, ordered, and administered by a physician assistant or a health care professional licensed pursuant to Chapter 12 of this Title are those listed in Schedules II, III, IV, and V of R.S. 40:964 and legend drugs, which are defined as any drug or drug product bearing on the label of the manufacturer or distributor, as required by the Food and Drug Administration, the statement "Caution: Federal law

prohibits dispensing without a prescription". A physician assistant authorized to prescribe controlled substances shall register with the United States Drug Enforcement Administration.

(2) A graduate physician assistant shall have at least five hundred clinical hours of training prior to application for prescriptive authority.

(3) A physician assistant may request, receive, and sign for sample drugs and may distribute sample drugs to a patient.

LA. REV. STAT. ANN § 37:1360.31(C)

A physician assistant currently licensed by the board shall not prescribe medication or medical devices unless his registration for prescriptive authority has been approved by the board in accordance with this Chapter.

LA. ADMIN. CODE 46:XLV.1505A.2

A. Legend Drugs/Medical Devices. To be eligible for registration of prescriptive authority for legend drugs or medical devices, or both, a physician assistant shall:

1. satisfy the licensure requirements of § 1507 of this Chapter;
2. possess a current license to practice as a physician assistant duly issued by the board;
3. have received authority to prescribe legend drugs and/or medical devices to the extent delegated by a supervising physician;
4. practice under supervision as specified in clinical practice guidelines or protocols developed by the supervising physician that shall, include a performance plan, as specified in § 4512 of these rules.

B. Controlled Substances. To be eligible for prescriptive authority for controlled substances, a physician assistant shall:

1. satisfy the requirements of § 1521.A;
2. possess a current, unrestricted permit or license to prescribe controlled substances in Louisiana duly issued by the Board of Pharmacy or its successor, and be currently registered to prescribe controlled substances without restriction as to the schedules delegated by the supervising physician with the Drug Enforcement Administration, United States Department of Justice (DEA);
3. not be deemed ineligible for registration for any of the causes set forth in § 1521.C;
4. have completed six months of practice under a supervising physician after graduation from an accredited PA education program satisfying the requirements of this chapter; and
5. successfully complete an educational activity developed or approved by the board, respecting controlled dangerous substances.

C. A physician assistant shall be deemed ineligible for registration of authority to prescribe controlled substances who:

1. has, within the five years preceding application for registration, been convicted, whether upon verdict, judgment or plea of guilty or nolo contendere of any crime constituting a felony under the laws of the United States or of any state or who has entered into a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime;
2. has, within the five years preceding application for registration, been convicted, whether upon verdict, judgment or plea of guilty or nolo contendere of any crime, an element of which is the manufacture, production, possession, use, distribution, sale or exchange of any controlled substance or who has entered into a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime;
3. has, within the five years preceding application for registration, habitually used or abused any medication, alcohol or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant;
4. has had suspended, revoked or restricted, his narcotics controlled substance permit, license, certificate or registration (state or federal), or who has voluntarily surrendered to such state or federal authority while under investigation in lieu of the institution of disciplinary charges or action against such authority.

D. The board may deny registration of prescriptive authority to an otherwise eligible physician assistant for any of the causes enumerated by R.S. 37:1360.33, or any other violation of the provisions of the Louisiana Physician Assistant Practice Act, R.S. 37:1361.21 et seq. or its rules applicable to physician assistants.

E. The burden of satisfying the board as to the eligibility of the applicant for approval of registration of prescriptive authority shall be upon the applicant. An applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

LA. ADMIN. CODE 46:XLV.1521

A. Legend Drugs and Medical Devices. To be eligible for approval of registration to delegate authority to prescribe legend drugs or medical devices, or both, to a physician assistant a supervising physician shall:

1. satisfy the requirements of § 1508;
2. be actively engaged in clinical practice and the provision of patient care and provide supervision as defined in § 1503.A; and
3. have prepared and signed clinical practice guidelines or protocols that comply with § 1521.A.5 of these rules.

B. Controlled Substances. To be eligible for approval of registration to delegate authority to prescribe controlled substances to a physician assistant a supervising physician shall:

1. satisfy the requirements of § 1523.A; and
2. possess a current, unrestricted permit or license to prescribe controlled substances duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health , State of Louisiana, and be currently registered to prescribe controlled substances, without restriction, with the Drug Enforcement Administration, United States Department of Justice (DEA);

C. A physician shall be deemed ineligible for registration to delegate authority to prescribe controlled substances to a physician assistant for any of the causes enumerated by R.S. 37:1285(A), or violation of any other provision of the Louisiana Medical Practice Act, R.S. 37:1261 et seq., or the board's rules.

D. The burden of satisfying the board as to the eligibility of a physician for registration to delegate prescriptive authority to a physician assistant shall be upon the proposed supervising physician. A physician shall not be deemed to possess such qualifications unless the physician demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

LA. ADMIN. CODE 46:XLV.1523

A. Physician assistant application for registration of prescriptive authority shall be made upon forms supplied by the board and shall include:

1. proof, documented in a form satisfactory to the board that the applicant possesses the qualifications for registration of prescriptive authority set forth in § 1521 of this Chapter;
2. confirmation that clinical practice guidelines or protocols conforming to § 1521.A.5 have been signed by the supervising physician and physician assistant;
3. such other information and documentation as the board may require; and
4. certification of the truthfulness and authenticity of all information, representations and documents contained in or submitted with the application.

B. A personal interview of a physician assistant applicant for registration of prescriptive authority by a member of the board or its designee may be required as a condition of registration for any of the reasons specified in § 1509.B or for other good cause as determined by the board.

C. The board may reject or refuse to consider any application for registration of prescriptive authority that is not complete in every detail required by the board. The board may in its discretion require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

LA. ADMIN. CODE 46:XLV.1525

A. Physician application for approval and registration of delegation of prescriptive authority to a physician assistant shall be made upon forms supplied by the board and shall include:

1. proof documented in a form satisfactory to the board that the applicant possesses the qualifications set forth in § 1523 and this Chapter;
2. confirmation that the physician has delegated prescriptive authority to the physician assistant and the nature, extent, and limits thereof as documented in clinical practice guidelines;
3. a description of the manner and circumstances in which the physician assistant has been authorized to utilize prescriptive authority and the geographical location(s) where such activities will be carried out as documented in clinical practice guidelines;
4. confirmation that clinical practice guidelines or protocols conforming to § 1521.A.5 have been signed by the supervising physician and physician assistant;
5. such other information and documentation as the board may require; and
6. certification of the truthfulness and authenticity of all information, representations and documents contained in or submitted with the application.

B. A personal interview of a physician applicant for registration of delegation of prescriptive authority by a member of the board or its designee may be required as a condition of registration for any of the reasons specified in § 1510.B or for other good cause as determined by the board.

C. The board may reject or refuse to consider any application for registration of delegation of prescriptive authority that is not complete in every detail required by the board. The board may in its discretion require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

LA. ADMIN CODE 46:XLV.1527

A. Registration of prescriptive authority shall not be effective until the physician assistant receives notification of approval from the board. Such registration and the physician assistant's prescriptive authority shall terminate and become void, null and to no effect upon the earlier of:

1. termination of the relationship between the physician assistant and supervising physician;
2. notification to the board that the supervising physician has withdrawn, cancelled or otherwise modified the physician assistant's prescriptive authority;
3. a finding by the board of any of the causes that would render a physician assistant ineligible for registration of prescriptive authority set forth in § 1521.C or a supervising physician ineligible to delegate such authority pursuant to § 1523.C;
4. a finding by the board that the physician assistant has violated the Louisiana Physician Assistant Practice Act, R.S. 37:1360.21 et seq. or the board's rules;
5. a finding by the board that the supervising physician has violated the Louisiana Medical Practice Act, R.S. 37:1261 et seq. or the board's rules; or
6. expiration of a physician assistant's or supervising physician's license or registration of prescriptive authority for failure to timely renew/verify such license or registration.

B. A physician assistant's prescriptive authority is personal to the individual physician assistant and supervising physician who delegated such authority and shall not be transferred by notice of intent or otherwise, utilized by anyone other than the physician assistant to whom delegated, or placed on inactive status.

C. The PA, together with the SP, shall annually verify the accuracy of registration information on file with the board, and confirm compliance with the continuing education requirements prescribed by this Section.

D. Continuing Education. Every physician assistant seeking renewal of registration of prescriptive authority shall obtain such continuing education as is required to maintain current NCCPA certification.

E. A physician assistant shall maintain a record of certificate of attendance for at least four years from the date of completion of the continuing education activity. Such record shall be made available to the board within 30 days of its request.

LA. ADMIN CODE 46:XLV.1529

B. [...] to the extent delegated by the supervising physician, prescribing legend drugs and controlled substances listed in R.S. 40:964 as Schedule II, III, IV and V substances and prescribing medical devices. [...]

E. A physician assistant shall not: [...]

2. complete and issue prescription blanks previously signed by a physician; [...]

LA. ADMIN. CODE 46:XLV.4505.B,E

A. 1. A physician assistant who is registered with the board pursuant to §§ 1521 and 1525 of these rules to prescribe medication and/or medical devices may, to the extent delegated by a supervising physician:

- a. issue prescriptions for medication or medical devices to a patient of the supervising physician;
- b. transmit orally, electronically, or in writing on a patient's record a prescription or order to an individual who may lawfully furnish such medication or medical device; and
- c. request, receive, sign for and deliver to a patient a bona fide medication sample.

2. The medical record of any patient for whom the physician assistant has prescribed medication or a medical device, or delivered a bona fide medication sample, shall be properly documented by the physician assistant.

B. All prescriptions issued by a physician assistant shall include:

1. the preprinted name, address, prescriptive authority registration number (license number), and telephone number of the physician assistant;
2. the patient's name and the date the prescription is written;
3. whether generic substitution is authorized, and if not:
 - a. the physician assistant shall check a box labeled "Dispense as Written" or "DAW" or both; and
 - b. for prescriptions reimbursable by Medicare and Medicaid, the physician assistant may only inhibit equivalent drug product interchange by handwriting the words "brand necessary" or "brand medically necessary" on the face of the prescription order or on a separate sheet attached to the prescription order;
4. the number of refills, if any; and
5. for a controlled substance, a space in which the physician assistant shall legibly print his DEA number.

C. A physician assistant who has been delegated prescriptive authority shall not:

1. utilize prescriptive authority without supervision, as defined by § 1503, or at any location other than specified in the supervising physician's registration of delegation of prescriptive authority filed with the board, except in life-threatening emergencies;
2. prescribe medication or medical devices:
 - a. except to the extent delegated by a supervising physician, as evidenced by approval of registration on file with the board in accordance with §§ 1507-1527 of these rules;
 - b. beyond the physician assistant's education, training and experience;
 - c. outside of his specialty or that of the supervising physician;
 - d. in the absence of clinical practice guidelines or protocols specified by § 1521.A.5;
 - e. except in compliance with all applicable state and federal laws and regulations;
 - f. when the supervising physician, or in his absence an approved locum tenens physician, and physician assistant do not have the capability to be in contact with each other by telephone or other telecommunication.
3. treat and/or utilize controlled substances in connection with the treatment of:
 - a. non-cancer related chronic or intractable pain, as set forth in §§ 6915-6923 of the board's rules;
 - b. obesity, as set forth in §§ 6901-6913 of the board's rules;
 - c. one's self, spouse, child or any immediate family member except in a life-threatening emergency;
4. sell or dispense medication, as set forth in §§ 6501-6561 of the board's rules;

5. issue a prescription or order for any Schedule I controlled substance contained or hereinafter included in R.S. 40:964; or
6. dispense or deliver any controlled substance sample.

LA. ADMIN. CODE. 46:XLV.4506

Maine – Allopathic

The Board of Licensure in Medicine is authorized to adopt rules regarding the training and licensure of physician assistants and the agency relationship between the physician assistant and the supervising physician. These rules, which must be adopted jointly with the Board of Osteopathic Licensure, may pertain to, but are not limited to, the following matters:

[...]

D. Scope of practice for physician assistants, including prescribing of controlled drugs;

[...]

ME. REV. STAT. tit. 32, § 3270-E(5)

C. Medical services that may be delegated by a physician to a physician assistant pursuant to a written plan of supervision include:

[...]

(2) Prescribing, administering, and dispensing of all medical devices and legend drugs, including all drugs in Schedules II-V, as defined in the *Controlled Substances Act*, 21 U.S.C. §801, *et seq.*, to the extent permitted by state and federal law and in accordance with the following:

(a) If authorized and delegated by the primary supervising physician, the delegation of the authority to prescribe, administer, or dispense scheduled drugs must be specifically included in the written plan of supervision and must identify which scheduled drugs (e.g. schedule II, schedule III, etc.) the physician assistant is authorized to prescribe, administer or dispense.

(b) The primary supervising physician shall perform a review of the physician assistant's scheduled drug prescribing practices every three months during the first year of the physician assistant's delegation of scheduled drug prescribing authority in the plan of supervision. Thereafter, the primary supervising physician shall conduct such a review every six months. All reviews shall include a review of patient charts and a review of the Prescription Monitoring Program reports. The primary supervising physician shall take corrective action regarding any deficiencies noted regarding the physician assistant's scheduled drug prescribing practices.

(c) Physician assistants may not prescribe Methadone, Suboxone (Buprenorphine), or Subutex unless allowed under state and federal laws. If permitted under state and federal laws, and if delegated by the primary supervising physician, the authority to prescribe Methadone, Suboxone (Buprenorphine), or Subutex must be specifically included in the written plan of supervision.

(d) Physicians are ultimately responsible for the prescribing practices of the physician assistants working under their delegation, and should closely monitor the prescribing of all scheduled drugs and controlled substances. Inappropriate prescribing practices by a physician assistant shall constitute grounds to discipline the physician assistant and supervising physicians(s).

02-373-2 ME. CODE R. § 3(C)(2)

Maine – Osteopathic

The Board of Osteopathic Licensure is authorized to adopt rules regarding the training and licensure of physician assistants and the agency relationship between the physician assistant and the supervising physician. These rules, which must be adopted jointly with the Board of Licensure in Medicine, may pertain to, but are not limited to, the following matters:

[...]

D. Scope of practice for physician assistants, including prescribing of controlled drugs; [...]

ME. REV. STAT. tit. 32, § 2594-E(5)(D)

C. Medical services that may be delegated by a physician to a physician assistant pursuant to a written plan of supervision include:

[...]

(2) Prescribing, administering, and dispensing of all medical devices and legend drugs, including all drugs in Schedules II-V, as defined in the *Controlled Substances Act*, 21 U.S.C. §801, *et seq.*, to the extent permitted by state and federal law and in accordance with the following:

(a) If authorized and delegated by the primary supervising physician, the delegation of the authority to prescribe, administer, or dispense scheduled drugs must be specifically included in the written plan of supervision and must identify which scheduled drugs (e.g. schedule II, schedule III, etc.) the physician assistant is authorized to prescribe, administer or dispense.

(b) The primary supervising physician shall perform a review of the physician assistant's scheduled drug prescribing practices every three months during the first year of the physician assistant's delegation of scheduled drug prescribing authority in the plan of supervision. Thereafter, the primary supervising physician shall conduct such a review every six months. All reviews shall include a review of patient charts and a review of the Prescription Monitoring Program reports. The primary supervising physician shall take corrective action regarding any deficiencies noted regarding the physician assistant's scheduled drug prescribing practices.

(c) Physician assistants may not prescribe Methadone, Suboxone (Buprenorphine), or Subutex unless allowed under state and federal laws. If permitted under state and federal laws, and if delegated by the primary supervising physician, the authority to prescribe Methadone, Suboxone (Buprenorphine), or Subutex must be specifically included in the written plan of supervision.

(d) Physicians are ultimately responsible for the prescribing practices of the physician assistants working under their delegation, and should closely monitor the prescribing of all scheduled drugs and controlled substances. Inappropriate prescribing practices by a physician assistant shall constitute grounds to discipline the physician assistant and supervising physicians(s).

02-383-2 ME. CODE R. § 3(1)(C)

Maryland

Prescriptive authority. –"Prescriptive authority" means the authority delegated by a primary or alternate supervising physician to a physician assistant to:

(1) Prescribe and administer controlled dangerous substances, prescription drugs, medical devices, and the oral, written, or electronic ordering of medications; and

(2) Dispense as provided under § 15-302.2(b), (c), and (d) of this title.

MD. HEALTH OCC. § 15-101(q)

Patient services that may be provided by a physician assistant include:

[...]

Exercising prescriptive authority under a delegation agreement and in accordance with § 15-302.2 of this subtitle.

[...]

Limitations on prescription/medication delegation. –A physician may not delegate prescriptive authority to a physician assistant student in a training program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor.

MD. HEALTH OCC. § 15-301(c)(7),(g)

(a) Requirements. –A primary supervising physician may not delegate prescribing, dispensing, and administering of controlled dangerous substances, prescription drugs, or medical devices unless the primary supervising physician and physician assistant include in the delegation agreement:

- (1) A notice of intent to delegate prescribing of controlled dangerous substances, prescription drugs, or medical devices;
 - (2) An attestation that all prescribing activities of the physician assistant will comply with applicable federal and State regulations;
 - (3) An attestation that all medical charts or records will contain a notation of any prescriptions written by a physician assistant in accordance with this section;
 - (4) An attestation that all prescriptions written under this section will include the physician assistant's name and the supervising physician's name, business address, and business telephone number legibly written or printed;
 - (5) An attestation that the physician assistant has:
 - (i) Passed the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants within the previous 2 years; or
 - (ii) Successfully completed 8 category 1 hours of pharmacology education within the previous 2 years; and
 - (6) An attestation that the physician assistant has:
 - (i) A bachelor's degree or its equivalent; or
 - (ii) Successfully completed 2 years of work experience as a physician assistant
- (b) Delegation of Schedule I controlled dangerous substances prohibited; physician assistant registration requirements for other controlled dangerous substances. –
- (1) A primary supervising physician may not delegate the prescribing of substances that are identified as Schedule I controlled dangerous substances under § 5-402 of the Criminal Law Article.
 - (2) A primary supervising physician may delegate the prescribing of substances that are identified as Schedules II through V controlled dangerous substances under § 5-402 of the Criminal Law Article, including legend drugs as defined under § 503(b) of the Federal Food, Drug, and Cosmetic Act.
 - (3) A primary supervising physician may not delegate the prescribing of controlled dangerous substances to a physician assistant unless the physician assistant has a valid:
 - (i) State controlled dangerous substance registration; and
 - (ii) Federal Drug Enforcement Agency (DEA) registration.
- (c) Starter dosage or drug samples by physician assistant. –A physician assistant personally may dispense a starter dosage or dispense drug samples of any drug the physician assistant is authorized to prescribe to a patient of the physician assistant if:
- (1) The starter dosage or drug sample complies with the labeling requirements of § 12-505 of this article;
 - (2) No charge is made for the starter dosage; and
 - (3) The physician assistant enters an appropriate record in the patient's medical record.
- (d) Starter dosage or drug samples by physician assistant –Compliance with other State and federal laws. –A physician assistant who personally dispenses a drug sample or starter dosage in the course of treating a patient as authorized under subsection (c) of this section shall comply with the requirements under Titles 12 and 14 of this article and applicable federal law and regulations.
- (e) Completion of pharmacology education by physician assistant. –Before a physician assistant may renew a license for an additional 2-year term under § 15-307 of this subtitle, the physician assistant shall

submit evidence to the Board of successful completion of 8 category 1 hours of pharmacology education within the previous 2 years.

MD. HEALTH OCC. § 15-302.2

A. In order for a primary supervising physician to delegate prescriptive authority, the primary supervising physician shall ensure that the delegation agreement includes:

- (1) A statement describing whether the physician intends to delegate any of the following:
 - (a) Prescribing of:
 - (i) Controlled dangerous substances;
 - (ii) Prescription drugs; or
 - (iii) Medical devices;
 - (b) Giving verbal, written, or electronic orders for medications;
 - (c) Dispensing starter dosages or drug samples;
- (2) An attestation that all prescribing activities of the physician assistant will comply with applicable federal and State regulations;
- (3) An attestation that all medical charts and records will contain a notation of any prescriptions written by a physician assistant;
- (4) An attestation that all prescriptions written include the physician assistant's name and the supervising physician's name, business address, and business telephone number legibly written or printed;
- (5) An attestation that the physician assistant has:
 - (a) Passed the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants, Inc. within the previous 2 years; or
 - (b) Completed 8 Category I hours of pharmacology education within the previous 2 years; and
- (6) An attestation that the physician assistant has at least one of the following:
 - (a) A bachelor's degree or its equivalent; or
 - (b) 2 years of work experience as a physician assistant.

B. Dispensing of Drug Samples and Starter Dosages of Drugs by Physician Assistant.

- (1) A drug sample or starter dosage shall meet the following criteria before a physician assistant may dispense the drug sample or starter dosage:
 - (a) Package is labeled as required by Health Occupations Article, 12-505, Annotated Code of Maryland; and
 - (b) No charge is made for the drug sample or starter dosage.
- (2) A physician assistant shall enter an appropriate note in the patient's medical record.
- (3) A physician assistant may not delegate dispensing of drug samples or starter dosages.

MD. REGS. CODE tit. 10 § 10.32.03.08

Massachusetts

A physician assistant may order therapeutics and tests and issue written prescriptions for patients subject to provisions of paragraph (g) of section 7 of chapter 94C.

MASS. GEN. LAWS ch. 112, § 9E

[...] The commissioner shall promulgate regulations which provide for the registration of physicians assistants to issue written prescriptions for patients pursuant to guidelines mutually developed and agreed upon by the supervising physician and the physician assistant. Prior to promulgating such regulations, the commissioner shall consult with the board of registration of physician assistants, the board of registration in medicine and the board of registration in pharmacy with regard to those schedules of controlled substances for which physician assistants may be registered to issue written prescriptions therefor; provided, however, that a physician assistant who has not successfully passed the national certification examination for physician assistants or who does not meet all of the current requirements for obtaining an initial physician assistant's registration as listed in section nine I of chapter one hundred and twelve may not be authorized to write prescriptions under any circumstances.[...]

MASS. GEN. LAWS ch. 94C, § 7(g)

(1) Any physician assistant who holds a full license, issued by the Board pursuant to 263 CMR 3.02: *Requirements for Full Licensure*, may issue written or oral prescriptions or medication orders for a patient, provided that he or she does so in accordance with all applicable state and federal laws and regulations including, but not limited to, M.G.L. c. 112, § 9E; c. 94C, §§ 7, 9 and 20; 105 CMR 700.000: *Implementation of M.G.L. c. 94C*; and 263 CMR 5.06(1).

(2) A physician assistant who holds a temporary license, issued by the Board pursuant to 263 CMR 3.04: *Temporary License*, may prepare a written or oral prescription or medication order for a patient, provided that:

(a) Any such written prescription or medication order is signed by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.04(3)(g), prior to the issuance of said prescription or medication order to the patient;

(b) Any such oral prescription or medication order is approved, in writing, by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.04(3)(g), prior to the issuance of that oral prescription or medication order; and

(c) All such oral or written prescriptions or medication orders are issued in the name of the supervising physician, and are otherwise issued in accordance with all applicable state and federal laws and regulations, including but not limited to, M.G.L. c. 112, § 9E; c. 94C, §§ 7, 9 and 20; 105 CMR 700.000: *Implementation of M.G.L. c. 94C*; and 263 CMR 5.06(2).

(3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance, as defined in 105 CMR 700.002: Schedules of Controlled Substances, shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated pursuant to 263 CMR 5.04(3)(g), within 96 hours after its issuance.

(4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician.

(a) Such guidelines shall address, but need not be limited to, the following issues:

1. Identification of the supervising physician for that work setting;
2. Frequency of medication reviews by the physician assistant and his or her supervising physician;
3. Types and classes of medications to be prescribed by the physician assistant;
4. The initiation and/or renewal of prescriptions for medications which are not within the ordinary scope of practice for the specific work setting in question, but which may be needed to provide appropriate medical care;
5. The quantity of any medication to be prescribed by a physician assistant, including initial dosage limits and refills;
6. The types and quantities of Schedule VI medications which may be ordered by the physician assistant from a drug wholesaler, manufacturer, laboratory or distributor for use in the practice setting in question;

7. Review of initial prescriptions or changes in medication; and
8. Procedures for initiating intravenous solutions.

(b) Such guidelines shall be available for review by the Board or its designee, the Massachusetts Board of Registration in Medicine or its designee, the Massachusetts Department of Public Health or its designee, and such other state or federal government agencies as may be reasonably necessary and appropriate to ensure compliance with all applicable state or federal laws and regulations. Copies of such guidelines, however, need not be filed with those agencies.

(c) All such guidelines must be in writing and must be signed by both the supervising physician and the physician assistant. Such guidelines shall be reviewed annually and dated and initialed by both the supervising physician and the physician assistant at the time of each such review. The physician assistant and his or her supervising physician may alter such guidelines at any time and any such changes shall be initialed by both parties and dated.

(5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed pursuant to 263 CMR 5.06(4), and accepted standards of good medical practice for licensed physicians with respect to prescription practices.

(6) At least four hours of the continuing medical education which a physician assistant is required to obtain pursuant to 263 CMR 3.05(3) as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics.

(7) All prescriptions written by a physician assistant shall be written in accordance with 105 CMR 721.000: *Standards for Prescription Format and Security in Massachusetts*.

(8) A physician assistant may order only Schedule VI controlled substances from a drug wholesaler, manufacturer, distributor or laboratory, and only in accordance with the written guidelines developed with his or her supervising physician pursuant to 263 CMR 5.06(4). A physician assistant may sign only for sample Schedule VI controlled substances received by or sent to the practice setting by a pharmaceutical representative.

(9) The use of pre-signed prescription blanks or forms is prohibited.

(10) A physician assistant shall not prescribe controlled substances in Schedules II, III and IV for his or her own use. A physician assistant shall not prescribe Schedule II controlled substances for a member of his or her immediate family, including a parent, spouse or equivalent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or other relative permanently residing in the same residence as the physician assistant.

(11) The physician assistant and the supervising physician for that work setting shall be jointly responsible for all prescriptions or medication orders issued by the physician assistant in that work setting.

263 MASS. CODE REGS. 5.06

(5) Prescriptive Practices of a Physician Assistant.

(a) Definition of a Supervising Physician. Supervising physician means a licensee holding an unrestricted full license in the Commonwealth who:

1. has completed ACGME-accredited or accredited Canadian post-graduate medical training in a specialty area appropriately related to the physician assistant's area of practice, is board-certified in a specialty area appropriately related to the physician assistant's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the physician assistant's area of practice; and
2. holds valid registration(s) from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration to issue written or oral prescriptions or medication orders for controlled substances; and
3. signs mutually developed and agreed upon guidelines with the physician assistant engaged in prescriptive practice; and

4. reviews the physician assistant's prescriptive practice at least every three months and provides ongoing direction to the physician assistant regarding prescriptive practice, or, pursuant to 263 CMR 5.05(4)(g), temporarily delegates such review and direction to another licensee holding an unrestricted full license in the Commonwealth who meets the requirements of 243 CMR 2.08(5)(a)1. and 243 CMR 2.08(5)(a)2.

(b) Physician Supervision of a Physician Assistant Engaged in Prescriptive Practice.

1. A supervising physician shall review and provide ongoing direction for the physician assistant's prescriptive practice in accordance with written guidelines mutually developed and agreed upon with the physician assistant pursuant to M.G.L. c. 112, § 9E, 263 CMR 5.00: Scope of Practice and Employment of Physician Assistants and 243 CMR 2.08, and signed by both parties. This supervision shall be provided as necessary, taking into account the education, the prescriptive authority under M.G.L. c. 94C, the training and experience of the physician assistant, the nature of the physician assistant's practice, and the availability to the physician assistant of clinical back-up by physicians, to ensure that the physician assistant is providing patient care services in accordance with accepted standards of practice.

2. A supervising physician shall sign prescriptive practice guidelines only with those physician assistants for whom he is able to provide supervision consistent with 243 CMR 2.08(5)(a) and (b), taking into account factors including, but not limited to, geographical proximity, practice setting, volume and complexity of the patient population, and the experience, training and availability of the supervising physician and the physician assistant(s).

(c) Development, Approval and Review of Guidelines for a Physician Assistant Engaged in Prescriptive Practice. A physician who supervises a physician assistant engaged in prescriptive practice shall do so in accordance with written guidelines mutually developed and agreed upon with the physician assistant, and signed by both parties. Such guidelines shall be reviewed annually, and dated and initialed by both the supervising physician and the physician assistant at the time of each review. The guidelines may be altered at any time upon agreement by the supervising physician and physician assistant; any such changes shall be initialed and dated by both parties. In all cases, the written guidelines shall:

1. identify the supervising physician;
2. include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation;
3. specifically describe the nature and scope of the physician assistant's practice;
4. identify the types and classes of medication(s) to be prescribed, specify any limitations on medications to be prescribed, indicate the quantity of any medications including initial dosage limits and refills, and describe the circumstances in which physician consultation or referral is required;
5. include a defined mechanism to monitor prescribing practices, including documentation of review by the supervising physician at least every three months;
6. include protocols for the initiation of intravenous therapies and Schedule II drugs;
7. specify the frequency of review of initial prescriptions or changes in medication of controlled substances; any prescription or medication order issued by a physician assistant for a Schedule II controlled substance, as defined in 105 CMR 700.002: Schedules of Controlled Substances, shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated pursuant to 263 CMR 5.05(4)(g), within 96 hours after its issuance;
8. specify the types and quantities of Schedule VI medications which may be ordered by the physician assistant from a drug wholesaler, manufacturer, laboratory or distributor for use in the practice setting in question;
9. identify and specify any limitations on the initiation or renewal of prescriptions which are not within the ordinary scope of practice for the specific work setting in question, but which may be needed to provide appropriate medical care; and

10. conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000: Implementation of M.G.L. c. 94C, M.G.L. c. 112, § 9E, 263 CMR 5.00: Scope of Practice and Employment of Physician Assistants and 243 CMR 2.08.

(d) The use of pre-signed prescription blanks or forms is prohibited.

(e) The Board may request at any time an opportunity to review the guidelines under which a physician is supervising a physician assistant or physician assistants engaged in prescriptive practice. Failure to provide guidelines to the Board is a basis for and may result in disciplinary action. The Board may require changes in such prescriptive practice guidelines if it determines that they do not comply with 243 CMR 2.08 and accepted standards of medical practice. The Board may also disapprove guidelines in their entirety if it determines that the supervising physician is incapable of providing adequate supervision to the physician assistant(s) engaged in prescriptive practice.

(f) The Board may request at any time documentation of review by the supervising physician of the physician assistant engaged in prescriptive practice. Failure to provide documentation to the Board may be the basis for disciplinary action against the physician.

243 MASS. CODE REGS. 2.08

Michigan – Allopathic

For purposes of section 17076(2) and (3), the department, in consultation with the board, may promulgate rules concerning the prescribing of drugs by a physician's assistant. Subject to section 17076, the rules may define the drugs or classes of drugs that a physician's assistant may not prescribe and other procedures and protocols necessary to promote consistency with federal and state drug control and enforcement laws.

MICH. COMP. LAWS § 333.17048(2)

[...]

(2) A physician's assistant who is a party to a practice agreement may prescribe a drug in accordance with procedures and protocols for the prescription established by rule of the department in consultation with the appropriate board. A physician's assistant may prescribe a drug, including a controlled substance that is included in schedules 2 to 5 of part 72. If a physician's assistant prescribes a drug under this subsection, the physician's assistant's name shall be used, recorded, or otherwise indicated in connection with that prescription. If a physician's assistant prescribes a drug under this subsection that is included in schedules 2 to 5, the physician's assistant's DEA registration number shall be used, recorded, or otherwise indicated in connection with that prescription.

(3) A physician's assistant may order, receive, and dispense complimentary starter dose drugs, including controlled substances that are included in schedules 2 to 5 of part 72. If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug under this subsection, the physician's assistant's name shall be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing. If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug under this subsection that is included in schedules 2 to 5, the physician's assistant's DEA registration number shall be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745. It is the intent of the legislature in enacting this subsection to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a physician's assistant, as described in this subsection, in compliance with section 503(d) of the federal food, drug, and cosmetic act, 21 USC 353.

MICH. COMP. LAWS § 333.17076(2),(3)

For purposes of section 17076(2) and (3), the department, in consultation with the board, may promulgate rules concerning the prescribing of drugs by a physician's assistant. Subject to section 17076, the rules

may define the drugs or classes of drugs that a physician's assistant may not prescribe and other procedures and protocols necessary to promote consistency with federal and state drug control and enforcement laws.

MICH. COMP. LAWS § 333.17048(2)

(1) A physician who supervises a physician's assistant under sections 17048 and 17049 of the code, MCL 333.17048 and 333.17049, shall establish a written authorization that delegates to the physician's assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:

- (a) The name, license number, and signature of the supervising physician.
- (b) The name, license number, and signature of the physician's assistant.
- (c) The limitations or exceptions to the delegation of any medical care services or prescription of scheduled 2 to 5 controlled substances.
- (d) The effective date of delegation.

(2) The supervising physician shall review and update a written authorization prior to the renewal of the physician's assistant's license or in the interim as needed. A supervising physician shall note the review date on the authorization.

(3) The supervising physician shall maintain the written authorization at the supervising physician's primary place of practice.

(4) The supervising physician shall provide a copy of the signed, written authorization to the physician's assistant.

(5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.

(6) A supervising physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

MICH. ADMIN. CODE r.338.2409

Michigan – Osteopathic

[...]

(4) A physician's assistant who is a party to a practice agreement may prescribe a drug in accordance with procedures and protocols for the prescription established by rule of the department in consultation with the appropriate board. A physician's assistant may prescribe a drug, including a controlled substance that is included in schedules 2 to 5 of part 72. If a physician's assistant prescribes a drug under this subsection, the physician's assistant's name shall be used, recorded, or otherwise indicated in connection with that prescription. If a physician's assistant prescribes a drug under this subsection that is included in schedules 2 to 5, the physician's assistant's DEA registration number shall be used, recorded, or otherwise indicated in connection with that prescription.

(5) A physician's assistant may order, receive, and dispense complimentary starter dose drugs including controlled substances that are included in schedules 2 to 5 of part 72. If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug under this subsection, the physician's assistant's name shall be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing. If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug under this subsection that is included in schedules 2 to 5, the physician's assistant's DEA registration number shall be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745. It is the intent of the legislature in enacting this subsection to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a physician's assistant, as described in this subsection, in compliance with section 503(d) of the federal food, drug, and cosmetic act, 21 USC 353

MICH. COMP. LAWS § 333.17548 (4),(5)

(1) A physician who supervises a physician's assistant under sections 17548 and 17549 of the code shall establish a written authorization that delegates to a physician's assistant [...] the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following:

- (a) The name, license number, and signature of the supervising physician.
- (b) The name, license number, and signature of the physician's assistant.
- (c) The limitations or exceptions to the delegation of any medical care services or prescription of schedule 2 to 5 controlled substances.
- (d) The effective date of the delegation.

[...]

(6) A supervising physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

MICH. ADMIN. CODE r.338.117 (1),(6)

Minnesota

Subd. 21.Prescription. "Prescription" means a signed written order, an oral order reduced to writing, or an electronic order meeting current and prevailing standards given by a physician assistant authorized to prescribe drugs for patients in the course of the physician assistant's practice, issued for an individual patient and containing the information required in the physician-physician assistant delegation agreement.

MINN. STAT. § 147A.01

Subd. 2. Delegation.--prescribing, administering, and dispensing drugs, controlled substances, and medical devices if this function has been delegated by the supervising physician pursuant to and subject to the limitations of section 147A.18 and chapter 151. For physician assistants who have been delegated the authority to prescribe controlled substances, such delegation shall be included in the physician-physician assistant delegation agreement, and all schedules of controlled substances the physician assistant has the authority to prescribe shall be specified;

MINN. STAT. § 147A.09(10)

Subdivision 1. Delegation.

(a) A supervising physician may delegate to a physician assistant who is licensed by the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician's supervision, the authority to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices subject to the requirements in this section. The authority to dispense includes, but is not limited to, the authority to request, receive, and dispense sample drugs. This authority to dispense extends only to those drugs described in the written agreement developed under paragraph (b).

(b) The delegation agreement between the physician assistant and supervising physician must include a statement by the supervising physician regarding delegation or nondelegation of the functions of prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices to the physician assistant. The statement must include categories of drugs for which the supervising physician delegates prescriptive and dispensing authority, including controlled substances when applicable. The delegation must be appropriate to the physician assistant's practice and within the scope of the physician assistant's training. Physician assistants who have been delegated the authority to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices shall provide evidence of current certification by the National Commission on Certification of Physician Assistants or its successor agency when applying for licensure or license renewal as physician assistants. Physician assistants who have been delegated the authority to prescribe controlled substances must also hold a valid DEA registration. Supervising physicians shall retrospectively review the prescribing, dispensing, and administering of legend drugs, controlled substances, and medical devices by physician assistants, when this authority has been delegated to the physician assistant as part of the physician-

physician assistant delegation agreement. The process and schedule for the review must be outlined in the physician-physician assistant delegation agreement.

(c) The board may establish by rule:

- (1) a system of identifying physician assistants eligible to prescribe, administer, and dispense legend drugs and medical devices;
- (2) a system of identifying physician assistants eligible to prescribe, administer, and dispense controlled substances;
- (3) a method of determining the categories of legend drugs, controlled substances, and medical devices that each physician assistant is allowed to prescribe, administer, and dispense; and
- (4) a system of transmitting to pharmacies a listing of physician assistants eligible to prescribe legend drugs, controlled substances, and medical devices.

Subd. 2. Termination and reinstatement of prescribing authority. --The authority of a physician assistant to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices shall end immediately when:

- (1) the physician-physician assistant delegation agreement is terminated;
- (2) the authority to prescribe, dispense, and administer is terminated or withdrawn by the supervising physician;
- (3) the physician assistant's license is placed on inactive status;
- (4) the physician assistant loses National Commission on Certification of Physician Assistants or successor agency certification; or
- (5) the physician assistant loses or terminates licensure status.

Subd. 3. Other requirements and restrictions.

(a) Each prescription initiated by a physician assistant shall indicate the following:

- (1) the date of issue;
- (2) the name and address of the patient;
- (3) the name and quantity of the drug prescribed;
- (4) directions for use; and
- (5) the name and address of the prescribing physician assistant.

(b) In prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices, a physician assistant must conform with the agreement, chapter 151, and this chapter.

MINN. STAT. § 147A.18

Mississippi

Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant.

Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

Except as hereinafter provided in below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

Pursuant to these rules, authorized physician assistants may prescribe controlled substances in Schedules II through V.

B. Application for Authority to Prescribe Controlled Substances

1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

C. Incorporation of Physician Rules Pertaining to Prescribing, Administering and Dispensing of Medication for the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 Pertaining to Prescribing, Administering and Dispensing of Medication as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.5.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Part 2615, Rule 1.5.B.1. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.
3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code, Section 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et. seq., except physician assistants may not receive samples of controlled substances. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority.

30-26-2615 MISS. CODE R. § 1.5

Missouri

1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute. [...]

MO. REV. STAT. § 195.070.1

Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

(1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;

(2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;

(3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;

(4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and

(5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe.

MO. REV. STAT. § 334.735.4

1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a supervision agreement. Such authority shall be listed on the supervision verification form on file with the state board of healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the supervision form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced

pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

MO. REV. STAT. § 334.747

Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a supervision agreement under section 334.735. [...]

MO. REV. STAT. § 338.010.2

Montana

(1) A physician assistant may prescribe, dispense, and administer drugs to the extent authorized by the supervising physician.

(2) All dispensing activities must comply with § 37-2-104 and with packaging and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.

(3) The prescribing and dispensing authority granted a physician assistant may include the following:

(a) Prescribing, dispensing, and administration of Schedule III drugs listed in 50-32-226, Schedule IV drugs listed in 50-32-229, and Schedule V drugs listed in 50-32-232 is authorized.

(b) Prescribing, dispensing, and administration of Schedule II drugs listed in 50-32-224 may be authorized for limited periods not to exceed 34 days.

(c) Records on the dispensing and administration of scheduled drugs must be kept.

(d) A physician assistant shall maintain registration with the federal drug enforcement administration if the physician assistant is authorized by the supervising physician to prescribe controlled substances.

(e) A prescription written by a physician assistant must comply with regulations relating to prescription requirements adopted by the board of pharmacy.

MONT. CODE ANN. § 37-20-404

Nebraska

A physician assistant may prescribe drugs and devices as delegated to do so by a supervising physician. Any limitation placed by the supervising physician on the prescribing authority of the physician assistant shall be recorded on the physician assistant's scope of practice agreement established pursuant to rules and regulations adopted and promulgated under the Medicine and Surgery Practice Act. All prescriptions and prescription container labels shall bear the name of the physician assistant and, if required for purposes of reimbursement, the name of the supervising physician. A physician assistant to whom has

been delegated the authority to prescribe controlled substances shall obtain a federal Drug Enforcement Administration registration number.

NEB. REV. STAT. § 38-2055

As authorized by the Uniform Credentialing Act, the practice of pharmacy may be engaged in by a pharmacist, a pharmacist intern, or a practitioner with a pharmacy license. The practice of pharmacy shall not be construed to include:

(1) Practitioners, other than veterinarians, certified nurse midwives, certified registered nurse anesthetists, nurse practitioners, and physician assistants, who dispense drugs or devices as an incident to the practice of their profession, except that if such practitioner engages in dispensing such drugs or devices to his or her patients for which such patients are charged, such practitioner shall obtain a pharmacy license;

[...]

(5) Certified nurse midwives, certified registered nurse anesthetists, nurse practitioners, and physician assistants who dispense sample medications which are provided by the manufacturer and are dispensed at no charge to the patient;

NEB. REV. STAT. § 38-2850(1),(5)

An agreement between the supervising physician and a physician assistant must:

[...]

2. Define the scope of practice of the physician assistant, including physician assistant prescribing authority as referred to in 172 NAC 90-006.02A; [...]

172 NEB. ADMIN. CODE § 90-006.01A(2)

A physician assistant may prescribe drugs and devices as delegated to do so by a supervising physician. Any limitation placed by the supervising physician on the prescribing authority of the physician assistant shall be recorded on the physician assistant's scope of practice agreement.

172 NEB. ADMIN. CODE § 90-006.02A

All prescriptions and prescription container labels shall bear the name of the physician assistant, and if required for purposes of reimbursement, the name of the supervising physician.

172 NEB. ADMIN. CODE § 90-006.03

Nevada – Allopathic

The [Medical] Board and supervising physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.

NEV. REV. STAT. § 630.271(2)

(1) A physician assistant licensed pursuant to chapter 630 or 633 of NRS may, if authorized by the board, possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices in or out of the presence of the supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant by the Board pursuant to this section.

(2) Each physician assistant licensed pursuant to chapter 630 or 633 of NRS who is authorized by his or her physician assistant's license issued by the Board of Medical Examiners or by the State Board of Osteopathic Medicine, respectively, to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices must apply for and obtain a registration certificate from the [Pharmacy] Board, pay a fee to be set by regulations adopted by the [Pharmacy] Board and pass an examination administered by the [Pharmacy] Board on the law relating to pharmacy before the physician assistant can possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices.

[...]

(5) The [Pharmacy] Board shall adopt regulations controlling the maximum amount to be administered, possessed and dispensed, and the storage, security, record keeping and transportation of controlled substances and the maximum amount to be administered, possessed, prescribed and dispensed and the storage, security, recordkeeping and transportation of poisons, dangerous drugs and devices by physician assistants licensed pursuant to chapter 630 or 633 of NRS. In the adoption of those regulations, the [Pharmacy] Board shall consider, but is not limited to, the following:

- (a) The area in which the physician assistant is to operate; (b) The population of that area; (c) The experience and training of the physician assistant; (d) The distance to the nearest hospital and physician; and (e) The effect on the health, safety and welfare of the public. [...]

NEV. REV. STAT. § 639.1373(1-2),(5)

1. The application of a physician assistant for:

- (a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or
- (b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices, must be in writing and filed with the Executive Secretary. [...]

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must:

- (a) Personally appear before the [Medical] Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:
 - (1) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or
 - (2) Is requested to do so by the Board; and
- (b) Pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

NEV. ADMIN. CODE § 639.272

1. Except as otherwise provided in subsections 2 and 3, a physician assistant who is authorized to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices may prescribe and dispense a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

- (a) For a legitimate medical purpose; and
- (b) In such amounts as are authorized by the supervising physician of the physician assistant except that the amounts must not exceed a 365-day supply.

2. A physician assistant who is authorized to prescribe and dispense dangerous drugs may dispense any method of birth control in any quantity ordered by prescription.

3. The limitation set forth in paragraph (b) of subsection 1 does not apply to any method of birth control prescribed or dispensed by a physician assistant.

4. A physician assistant who prescribes or dispenses drugs to a patient under the direction of a supervising physician or pursuant to NRS 454.00958 shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy.

NEV. ADMIN. CODE § 639.280

Nevada – Osteopathic

The board and supervising osteopathic physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising osteopathic physician is authorized to prescribe pursuant to state and federal law.

NEV. REV. STAT. § 633.432(2)

1. A physician assistant licensed pursuant to chapter [...] 633 of NRS may, if authorized by the [Pharmacy] Board, possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices in or out of the presence of the supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant by the Board pursuant to this section. Each physician assistant licensed pursuant to chapter [...] 633 of NRS who is authorized by his or her physician assistant's license issued by [...] the State Board of Osteopathic Medicine, [...] to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices must apply for and obtain a registration certificate from the [Pharmacy] Board, pay a fee to be set by regulations adopted by the [Pharmacy] Board and pass an examination administered by the [Pharmacy] Board on the law relating to pharmacy before the physician assistant can possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices.

[...]

5. The [Pharmacy] Board shall adopt regulations controlling the maximum amount to be administered, possessed and dispensed, and the storage, security, record keeping and transportation of controlled substances and the maximum amount to be administered, possessed, prescribed and dispensed and the storage, security, recordkeeping and transportation of poisons, dangerous drugs and devices by physician assistants licensed pursuant to chapter [...] 633 of NRS. In the adoption of those regulations, the [Pharmacy] Board shall consider, but is not limited to, the following:

- (a) The area in which the physician assistant is to operate; (b) The population of that area; (c) The experience and training of the physician assistant; (d) The distance to the nearest hospital and physician; and (e) The effect on the health, safety and welfare of the public.

[...]

NEV. REV. STAT. § 639.1373

A physician assistant is not subject to disciplinary action solely for prescribing or administering to a patient under his or her care a controlled substance that is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146 if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with accepted standards for the practice of osteopathic medicine.

NEV. ADMIN. CODE § 633.287(2)

1. Except as otherwise provided in subsections 2 and 3, a physician assistant who is authorized to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices may prescribe and dispense a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

- (a) For a legitimate medical purpose; and
- (b) In such amounts as are authorized by the supervising physician of the physician assistant except that the amounts must not exceed a 365-day supply.

2. A physician assistant who is authorized to prescribe and dispense dangerous drugs may dispense any method of birth control in any quantity ordered by prescription.

3. The limitation set forth in paragraph (b) of subsection 1 does not apply to any method of birth control prescribed or dispensed by a physician assistant.

4. A physician assistant who prescribes or dispenses drugs to a patient under the direction of a supervising physician or pursuant to NRS 454.00958 shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy.

NEV. ADMIN. CODE § 639.280

1. The application of a physician assistant for:

- (a) a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices, must be in writing and filed with the Executive Secretary.

[...]

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must:

(a) Personally appear before the [Pharmacy] Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:

(1) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(2) Is requested to do so by the Board; and

(b) Pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

NEV. ADMIN. CODE § 639.272(1, 4-5)

A supervising physician shall ensure that [...] (c) The physician assistant strictly complies with:

(1) The provisions of the registration certificate issued to the physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and

(2) The regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

NEV. ADMIN. CODE § 633.289(2)(c)

New Hampshire

The board, in collaboration with the New Hampshire pharmacy board, shall adopt rules under RSA 541-A relative to the prescriptions to be issued by a physician assistant.

N.H. REV. STAT. ANN. § 328-D:10(II)

(a) Physician assistants shall transmit prescriptions for any patient only in accordance with a delegation agreement, or a patient specific order of the RSP or ARSP, and in compliance with all requirements of RSA 318 and RSA 318-B.

(b) Physician assistants, acting in accordance with a delegation agreement as the agent of the RSP or ARSP, may dispense samples of prescription drugs as necessary and appropriate for patient care.

(c) Physician assistants shall not engage in the act of prescribing controlled substances unless they have obtained the proper registration from the US Drug Enforcement Administration.

(d) A licensed physician assistant may prescribe, dispense and administer drugs and medical devices to the extent delegated by the supervising physician in compliance with RSA 318 and RSA 318-B.

(e) Physician assistants may request, receive, and sign for professional samples and may distribute professional samples to patients.

N.H. CODE ADMIN. R. ANN. MED 612. 01

New Jersey

b. A physician assistant may perform the following procedures only when directed, ordered, or prescribed by the supervising physician, or when performance of the procedure is delegated to the physician assistant by the supervising physician as authorized under subsection d. of this section:

[...]

(2) Giving injections, administering medications, and requesting diagnostic studies;

[...]

(4) Writing prescriptions or ordering medications in an inpatient or outpatient setting in accordance with section 10 of P.L.1991, c.378 (C.45:9-27.19); and

(5) Prescribing the use of patient restraints.

N.J. STAT. ANN. § 45:9-27.16

A physician assistant may order, prescribe, dispense, and administer medications and medical devices to the extent delegated by a supervising physician.

a. Controlled dangerous substances may only be ordered or prescribed if:

(1) a supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:

(a) continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

(b) otherwise adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

(c) initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to subparagraph (d) of this paragraph; or

(d) initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;

(2) the physician assistant has registered with, and obtained authorization to order or prescribe controlled dangerous substances from, the federal Drug Enforcement Administration and any other appropriate State and federal agencies; and

(3) the physician assistant complies with all requirements which the board shall establish by regulation for the ordering, prescription, or administration of controlled dangerous substances, all applicable educational program requirements, and continuing professional education programs approved pursuant to section 16 of P.L.1991, c.378 (C.45:9-27.25).

b. (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

d. In the case of an order or prescription for a controlled dangerous substance, the physician assistant shall print on the order or prescription the physician assistant's Drug Enforcement Administration registration number.

e. The dispensing of medication or a medical device by a physician assistant shall comply with relevant federal and State regulations, and shall occur only if: (1) pharmacy services are not reasonably available; (2) it is in the best interest of the patient; or (3) the physician assistant is rendering emergency medical assistance.

f. A physician assistant may request, receive, and sign for prescription drug samples and may distribute those samples to patients.

N.J. STAT. ANN. § 45:9-27.19

(a) A physician assistant may issue prescriptions for medications only in accordance with the requirements contained in this section.

(b) A physician assistant shall provide the following on all prescription blanks:

1. The physician assistant's full name, professional identification ("PA-C"), license number, address and telephone number. This information shall be printed on all prescription blanks;

2. The supervising physician's full name, printed or stamped;

3. A statement indicating whether the prescription is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;

4. The full name, age and address of the patient;

5. The date of issuance of the prescription;
6. The name, strength and quantity of drug or drugs to be dispensed and route of administration;
7. Adequate instruction for the patient. A direction of "p.r.n." or "as directed" alone shall be deemed an insufficient direction;
8. The number of refills permitted or time limit for refills, or both;
9. The signature of the prescriber, hand-written;
10. The words "substitution permissible" and "do not substitute" and shall contain space for the physician assistant's initials next to the chosen option, in addition to the space required for the signature required by (b)9 above; and
11. The physician assistant's Drug Enforcement Administration (DEA) registration number, if the physician assistant is authorized to issue CDS.

(c) A physician assistant may order or prescribe controlled dangerous substances (CDS) if:

1. A supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:
 - i. Continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;
 - ii. Adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;
 - iii. Initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to iv below; or
 - iv. Initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;
2. The physician assistant has registered with and obtained authorization to order or prescribe controlled dangerous substances from the appropriate State and Federal agencies; and
3. The physician assistant complies with all of the requirements and limitations as set forth in N.J.A.C. 13:35-7.6 and 13:45H.

(d) Only one controlled dangerous substance shall appear on a prescription blank.

(e) Written prescriptions shall be issued only on New Jersey Prescription Blanks (NJPB), secured from an approved vendor and subject to the required security mandates of the prescription blank program pursuant to N.J.S.A. 45:14-55.

N.J. ADMIN. CODE § 13:35-2B.12

New Mexico – Allopathic

Physician assistants may prescribe, administer, dispense and distribute dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act pursuant to rules adopted by the board after consultation with the board of pharmacy if the prescribing, administering, dispensing and distributing are done with the supervision of a licensed physician or in collaboration with a licensed physician. The distribution process shall comply with state laws concerning prescription packaging, labeling and record keeping requirements.

N.M. STAT. ANN. § 61-6-7(D)

As used in the Physician Assistant Act [61-6-7 NMSA 1978]:

[...]

"prescribe" means to issue an order individually for the person for whom prescribed, either directly from the prescriber to the pharmacist or indirectly by means of a written order signed by the prescriber, bearing

the name and address of the prescriber, his license classification, the name and address of the patient, the name of the drug prescribed, directions for use and the date of issue.

N.M. STAT. ANN. § 61-6-7.1(D)

A. Physician assistants may administer formulary drugs; including Schedule II-V controlled substances, where there is an established physician- or physician assistant-patient relationship, under the direction of the supervising physician. Physician assistants must comply with all other state and federal laws regulating the administration and prescribing of controlled substances.

B. Physician assistants may prescribe formulary drugs; including Schedule II-V controlled substances, where there is an established physician- or physician assistant-patient relationship, under the direction of the supervising physician, and may telephone prescriptions to pharmacies for any drug they are authorized to prescribe.

C. Physician assistants may prescribe on a prescription pad that shall contain the following:

- (1) the name, business address and telephone number of the supervising physician;
- (2) the name, title and New Mexico license number of the physician assistant;
- (3) if the signature line is without MD, PA, or PA-C printed after it, the PA or PA-C must add the designation "PA" or "PA-C" at the end of the signature line when signing a prescription; if the PA or PA-C must of necessity use a prescription pre-printed with "MD" at the end of the line, the designation "MD" must be clearly crossed out and "PA" or "PA-C" must be added;
- (4) when the physician assistant leaves the supervision or employ of the supervising physician, or there is a change in the supervising or alternate physicians, the supervising physician shall immediately notify the board.

N.M. CODE R. § 16.10.16.8

A. It must be clear to the physician and to the physician assistant that the intent of the legislature and of the board is that a physician assistant is not to function as a pharmacist in the general sense of that licensee's duties. Dispensing, as defined by statute and this document, is not a physician assistant's job and is prohibited. Distribution of a limited supply of medication to facilitate the medical needs of a patient may be done by a physician assistant under the direction of the supervising physician. Physician assistants may distribute dangerous drugs where there is an established physician- or physician assistant-patient relationship; including Schedule II-V controlled substances.

B. Distribution of a medication shall be restricted to medications repackaged by a licensed pharmacist or a pharmaceutical manufacturer or re-packager. Physician assistants may request, receive and sign for professional sample medications and may distribute sample medications to patients. A log must be kept of distributed medications in accordance with board of pharmacy regulations. Samples requested/received would be appropriate to the scope of the supervising physician's practice and would be consistent with board of pharmacy regulations.

C. Any medication distributed to a patient will be properly labeled with the following: patient name, date of issue, drug name and strength, instructions for use, drug expiration date, number distributed, name of prescriber, address and phone number of prescriber, and pharmacist or manufacturer/repackager identification.

D. Labeling may be via hand-written or pre-printed fill-in labels. The above information shall also be properly documented in the patient's medical record, including the amount of medication provided.

N.M. CODE R. § 16.10.16.9

New Mexico – Osteopathic

As used in the Osteopathic Medicine Act:

[...]

"Prescribe" means to issue an order individually for the person for whom prescribed, either directly from the prescriber to the pharmacist or indirectly by means of a written order signed by the prescriber, bearing

the name and address of the prescriber, the prescriber's license classification, the name and address of the patient and the name of the drug prescribed, directions for its use and the date of its issue; [...]

N.M. STAT. ANN § 61-10-1.2(J)

Osteopathic physician assistants may prescribe, administer and distribute dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act pursuant to regulations adopted by the board after consultation with the board of pharmacy, provided that the prescribing, administering and distributing are done under the direction of a supervising physician; provided that such prescribing, administering and distributing are within the parameters of a board-approved formulary and guidelines established under Paragraph (3) of Subsection D of Section 61-10-5 NMSA 1978. The distribution process shall comply with state laws concerning prescription packaging, labeling and record keeping requirements.

N.M. STAT. ANN § 61-10-11.2(B)

A. Physician assistants may prescribe dangerous drugs under the direction of the supervising physician, subject to the following:

- (1) Physician assistants may only prescribe those drugs designated in a supervising physician approved formulary. Physician assistants must comply with applicable state and federal laws regarding the prescribing and administering of dangerous drugs.
- (2) Physician assistants may administer and prescribe dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act (30-31-1 et seq. NMSA 1978). The supervising physician will review and countersign each patient's chart in which the physician assistant has prescribed more than 72 hours of Schedule II drugs in a 30 day period for that patient.
- (3) A physician assistant may telephone to pharmacies prescriptions for any drug he or she is authorized to prescribe.

B. Physician assistants may prescribe only on special prescription pads imprinted for one physician assistant only or a group medical practice with the following information:

- (1) the name, business address, and telephone number of the supervising physician and;
- (2) the name, title, and New Mexico certificate number of the physician assistant.

C. When the physician assistant leaves the supervision of the supervising physician, the supervising physician shall immediately notify the Board and the Board of Pharmacy and destroy the prescription pads.

N.M. CODE R. § 16.18.7.8

A. It must be clear to the physician and to his or her assistant that the intent of the legislature and of the Board is that a physician assistant not function as a pharmacist in the general sense of that licensee's duties. Dispensing, as defined by statute, is not a physician assistant's job and is prohibited. Distribution of a reasonable and customary supply of medication to facilitate the medical needs of a patient may be done by a physician assistant under the direction of his or her supervising physician. Physician assistants must comply with applicable state and federal laws regarding the distribution of dangerous drugs.

B. Physician assistants may distribute dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act. The supervising physician will review and countersign each patient's chart in which the physician assistant has distributed more than 72 hours of Schedule II drugs in a 30 day period for that patient.

C. Any medication distributed to a patient will be properly labeled with the following:

- (1) patient name;
- (2) date of issue;
- (3) drug name and strength;
- (4) instructions for use;
- (5) drug expiration date;
- (6) number dispensed;
- (7) name of prescriber;

(8) address and phone number of prescriber; and

(9) pharmacist identification except for samples: Labeling may be via handwritten or pre-printed fill-in labels. The above information shall also be properly documented in the patient's medical record including the amount of medication provided.

D. Limitations: Medications distributed by a physician assistant shall be restricted to patients under the direct care of the physician assistant pursuant to assignment of duties from the supervising physician and shall be limited only to those medications included in the formulary approved by the supervising physician and pertaining to the scope of practice of the supervising physician.

N.M. CODE R. § 16.18.7.9

New York

1. Inpatient medical orders. A licensed physician assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his or her supervision. Countersignature of such orders may be required if deemed necessary and appropriate by the supervising physician or the hospital, but in no event shall countersignature be required prior to execution.

[...]

3. Prescriptions for controlled substances. A licensed physician assistant, in good faith and acting within his or her lawful scope of practice, and to the extent assigned by his or her supervising physician, may prescribe controlled substances as a practitioner under article thirty-three of this chapter, to patients under the care of such physician responsible for his or her supervision. The commissioner, in consultation with the commissioner of education, may promulgate such regulations as are necessary to carry out the purposes of this section.

N.Y. PUB. HEALTH LAW § 3702(1),(3)

Prescriptions, certifications and medical orders may be issued by a licensed physician assistant as provided in this subdivision when assigned by the supervising physician.

(1) A licensed physician assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the licensed physician assistant. The prescription shall be issued in accordance with Section 281 and Article 33 of the Public Health Law and Part 80 of this Title, written on the blank form of the supervising physician and shall include the name, address and telephone number of the supervising physician and the name of the licensed physical assistant. The prescription shall also bear the name, the address, the age of the patient and the date on which the prescription was issued.

(2) A licensed physician assistant, in good faith and acting within his or her lawful scope of practice, and to the extent assigned by his or her supervising physician, may prescribe controlled substances as a practitioner under Article 33 of the Public Health Law, to patients under the care of such physician responsible for his or her supervision. Licensed physician assistants may issue prescriptions for controlled substances under section 3306 of the Public Health Law provided that such prescriptions shall be issued in accordance with Section 281 and Article 33 of the Public Health Law and Part 80 of this Title.

(3) The licensed physician assistant shall sign all such prescriptions with his or her own name followed by the letters P.A. and his or her State Education Department license number, except that an electronic prescription must contain the electronic signature of the licensed physician assistant and shall include the name, address and telephone number of the supervising physician.

(4) A licensed physician assistant employed or extended privileges by a hospital may, if permissible under the bylaws, policies and procedures of the hospital, issue prescriptions for controlled substances listed under section 3306 of the Public Health Law on official New York State prescription forms issued to the hospital. Such prescriptions shall be issued in accordance with Section 281 and Article 33 of the Public Health Law and Part 80 of this Title and must include the imprinted name of the licensed physician assistant and the name of the physician responsible for his or her supervision.

(5) A licensed physician assistant employed or extended privileges by a hospital may, if permissible under the bylaws, policies and procedures of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. Countersignature of such orders may be required if deemed necessary and appropriate by the supervising physician or the hospital, but in no event shall countersignature be required prior to execution.

(6) A licensed physician assistant, in good faith and acting within his or her lawful scope of practice, and to the extent assigned by his or her supervising physician, may register as a practitioner under Part 1004 of this Title to issue patient certifications for medical marijuana, to those patients under the care of such supervising physician.

N.Y. COMP. CODES R. & REGS. tit. 10, § 94.2(e)

North Carolina

(a) As used in this section, "opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(b) The following individuals may prescribe an opioid antagonist in the manner prescribed by this subsection:

(1) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to

(i) a person at risk of experiencing an opiate-related overdose or

(ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:

a. The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.

b. The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose:

1. A family member, friend, or other person.

2. In the position to assist a person at risk of experiencing an opiate-related overdose.

(2) The State Health Director or a designee may prescribe an opioid antagonist pursuant to subdivision (1) of this subsection by means of a statewide standing order.

(3) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to any governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors, for the purpose of distributing, through its agents, the opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

[...]

(d) A person who receives an opioid antagonist that was prescribed pursuant to subsection (b) of this section or distributed pursuant to subsection (c1) of this section may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist.

(e) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section:

- (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.
[...]

N.C. GEN. STAT. § 90-12.7

[...]

- (b) Physician assistants are authorized to write prescriptions for drugs under the following conditions:

- (1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety.
- (2) The physician assistant holds a current license issued by the Board.
- (3) The North Carolina Medical Board has assigned an identification number to the physician assistant which is shown on the written prescription.
- (4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.
- (5) A physician assistant shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:
 - a. The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications or advertises in any medium for any type of pain management services.
 - b. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

- (c) Physician assistants are authorized to compound and dispense drugs under the following conditions:

- (1) The function is performed under the supervision of a licensed pharmacist.
- (2) Rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with.
- (3) The physician assistant holds a current license issued by the Board.

- (d) Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions:

- (1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to order medications, tests, and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety.
- (2) The physician assistant holds a current license issued by the Board.
- (3) The supervising physician has provided to the physician assistant written instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered.
- (4) The hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

- (e) Any prescription written by a physician assistant or order given by a physician assistant for medications, tests, or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant and the supervising physician shall be responsible for authorizing the prescription or order.

[...]

(f) Any registered nurse or licensed practical nurse who receives an order from a physician assistant for medications, tests, or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician.

[...]

N.C. GEN. STAT. § 90-18.1(b)-(e);(f)

The North Carolina Medical Board shall have sole jurisdiction to regulate and license physician assistants receiving, prescribing, or dispensing prescription drugs under the supervision of a licensed physician without charge or fee to the patient. The provisions of G.S. 90-18.1(c)(1), (c)(2), and G.S. 90-85.21(b), shall not apply to the receiving, prescribing, or dispensing of prescription drugs without charge or fee to the patient.

N.C. GEN. STAT. § 90-18.2A

A physician must possess a valid United States Drug Enforcement Administration ("DEA") registration in order for the physician to supervise any other health professional (physician assistant [...]) with prescriptive authority for controlled substances. The DEA registration of the supervising physician must include the same schedule(s) of controlled substances as the supervised health professional's DEA registration.

N.C. ADMIN. CODE tit. 21, r. 32B.1001(b)

A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to the following conditions:

- (1) The physician assistant complies with all state and federal laws regarding prescribing, including G.S. 90-18.1(b);
- (2) Each supervising physician and physician assistant incorporates within his or her written supervisory arrangements, as defined in Rule .0201(9) of this Subchapter, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;
- (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- (4) In order to prescribe controlled substances,
 - (a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;
 - (b) all prescriptions for substances falling within schedules II, IIN, III, and IIIN, as defined in the federal Controlled Substances Act, 21 U.S.C. 812, which is hereby incorporated by reference, including all subsequent amendments or editions, shall not exceed a legitimate 30 day supply. 21 U.S.C. 812 may be accessed at <http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm> free of charge; and
 - (c) the supervising physician shall possess at least the same schedule(s) of controlled substances as the physician assistant's DEA registration;
- (5) Each prescription issued by the physician assistant contains, in addition to other information required by law, the following:
 - (a) the physician assistant's name, practice address, and telephone number;
 - (b) the physician assistant's license number and, if applicable, the physician assistant's DEA number for controlled substances prescriptions; and
 - (c) the authorizing supervising physician's, either primary or back-up, name and telephone number;
- (6) The physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills;
- (7) A physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable state and federal regulations; and
- (8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal controlled substances acts, for:

- (a) the physician assistant's own use;
- (b) the use of the physician assistant's supervising physician;
- (c) the use of the physician assistant's immediate family;
- (d) the use of any person living in the same residence as the physician assistant; or
- (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

As used in this Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

N.C. ADMIN. CODE tit. 21, r. 32S.0212

North Dakota

A physician assistant may prescribe medications as delegated to do so by a supervising physician. This may include schedule II through V controlled substances. A physician assistant who is a delegated prescriber of controlled substances must register with the federal drug enforcement administration.

N.D. CENT. CODE § 43-17-02.1

A physician assistant may dispense medications which the physician assistant is authorized to prescribe in the following circumstances:

1. The dispensation is in compliance with all applicable federal and state regulations;
2. Pharmacy services are not reasonably available, or an emergency requires the immediate dispensation of medication for the appropriate medical care of a patient; and
3. Dispensation of medications by the physician assistant is within the guidelines of the supervising physician.

N.D. ADMIN. CODE 50-03-01-07.1

Ohio

(A) During the first five hundred hours of a physician assistant's exercise of physician-delegated prescriptive authority, the physician assistant shall exercise that authority only under the on-site supervision of a supervising physician.

(B) A physician assistant shall be excused from the requirement established in division (A) of this section if prior to application under section 4730.10 of the Revised Code the physician assistant held a prescriber number, or the equivalent, from another jurisdiction and practiced with prescriptive authority in that jurisdiction for not less than one thousand hours.

(C) A record of a physician assistant's completion of the hours required by division (A) of this section or issuance of a prescriber number or equivalent by another jurisdiction shall be kept in the records maintained by a supervising physician of the physician assistant. The record shall be made available for inspection by the board.

OHIO REV. CODE ANN. § 4730.44

(A) As used in this section, "medication-assisted treatment" has the same meaning as in section 340.01 of the Revised Code.

(B) Except as provided in divisions (C) and (D) of this section, the physician assistant formulary adopted by the state medical board under section 4730.39 of the Revised Code may include any or all of the following drugs:

- (1) Schedule II, III, IV, and V controlled substances;
- (2) Drugs that under state or federal law may be dispensed only pursuant to a prescription by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code;
- (3) Any drug that is not a dangerous drug, as defined in section 4729.01 of the Revised Code.

(C) The formulary adopted by the board shall include both of the following for use in medication-assisted treatment:

- (1) Drugs that contain buprenorphine;
- (2) Opioid antagonists, including oral and long-acting forms.

(D) The formulary adopted by the board shall not include, and shall specify that it does not include, any drug or device used to perform or induce an abortion.

OHIO REV. CODE ANN. § 4730.40

(A) A physician assistant who holds a valid prescriber number issued by the state medical board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.

(B) In exercising physician-delegated prescriptive authority, a physician assistant is subject to all of the following:

- (1) The physician assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician supervising the physician assistant has granted that authority.
- (2) The physician assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician assistant in the exercise of physician-delegated prescriptive authority.
- (3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant shall register with the federal drug enforcement administration.
- (4) If the physician assistant possesses physician-delegated prescriptive authority for schedule II controlled substances, the physician assistant shall comply with section 4730.411 of the Revised Code.
- (5) If the physician assistant possesses physician-delegated prescriptive authority to prescribe for a minor an opioid analgesic, as those terms are defined in sections 3719.061 and 3719.01 of the Revised Code, respectively, the physician assistant shall comply with section 3719.061 of the Revised Code.

OHIO REV. CODE ANN. § 4730.41

(A) Except as provided in division (B) or (C) of this section, a physician assistant may prescribe to a patient a schedule II controlled substance only if all of the following are the case:

- (1) The patient is in a terminal condition, as defined in section 2133.01 of the Revised Code.
- (2) The physician assistant's supervising physician initially prescribed the substance for the patient.
- (3) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, twenty-four-hour period.

(B) The restrictions on prescriptive authority in division (A) of this section do not apply if a physician assistant issues the prescription to the patient from any of the following locations:

- (1) A hospital registered under section 3701.07 of the Revised Code;
- (2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
- (3) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;
- (4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;
- (5) A county home or district home operated under Chapter 5155 of the Revised Code that is certified under the Medicare or Medicaid program;
- (6) A hospice care program, as defined in section 3712.01 of the Revised Code;
- (7) A community mental health services provider, as defined in section 5122.01 of the Revised Code;
- (8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;
- (9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;

(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;

(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;

(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the physician assistant has entered into a supervisory agreement with at least one of the physician owners who practices primarily at that site.

(C) A physician assistant shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the convenience care clinic is owned or operated by an entity specified in division (B) of this section.

(D) A pharmacist who acts in good faith reliance on a prescription issued by a physician assistant under division (B) of this section is not liable for or subject to any of the following for relying on the prescription: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action by the state board of pharmacy under Chapter 4729 of the Revised Code.

OHIO REV. CODE ANN. § 4730.411

(A) In granting physician-delegated prescriptive authority to a particular physician assistant who holds a valid prescriber number issued by the state medical board, the supervising physician is subject to all of the following:

(1) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or therapeutic device that is not listed on the physician assistant formulary adopted under section 4730.39 of the Revised Code as a drug or therapeutic device that may be included in the physician-delegated prescriptive authority granted to a physician assistant.

(2) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.

(3) The supervising physician shall not grant physician-delegated prescriptive authority in a manner that exceeds the supervising physician's prescriptive authority, including the physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in section 4731.052 of the Revised Code.

(4) The supervising physician shall supervise the physician assistant in accordance with both of the following:

(a) The supervision requirements specified in section 4730.21 of the Revised Code;

(b) The supervision agreement entered into with the physician assistant under section 4730.19 of the Revised Code, including, if applicable, the policies of the health care facility in which the physician and physician assistant are practicing

(B) (1) The supervising physician of a physician assistant may place conditions on the physician-delegated prescriptive authority granted to the physician assistant. If conditions are placed on that authority, the supervising physician shall maintain a written record of the conditions and make the record available to the state medical board on request.

(2) The conditions that a supervising physician may place on the physician-delegated prescriptive authority granted to a physician assistant include the following:

(a) Identification by class and specific generic nomenclature of drugs and therapeutic devices that the physician chooses not to permit the physician assistant to prescribe;

(b) Limitations on the dosage units or refills that the physician assistant is authorized to prescribe;

(c) Specification of circumstances under which the physician assistant is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority;

- (d) Responsibilities to be fulfilled by the physician in supervising the physician assistant that are not otherwise specified in the supervision agreement or otherwise required by this chapter.

OHIO REV. CODE ANN. § 4730.42

Each time a PA writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the PA signs the form on which the order is written and records on the form the time and date that the order is written.

OHIO REV. CODE ANN. § 4730.21(E)

(3) A licensed health professional authorized to prescribe drugs who is a physician assistant is subject to all of the following:

(a) A controlled substance may be prescribed or personally furnished only if it is included in the physician-delegated prescriptive authority granted to the physician assistant in accordance with Chapter 4730 of the Revised Code.

(b) A schedule II controlled substance may be prescribed only in accordance with division (B)(4) of section 4730.41 and section 4730.411 of the Revised Code.

(c) No schedule II controlled substance shall be personally furnished to any patient.

(B) No licensed health professional authorized to prescribe drugs shall prescribe, administer, or personally furnish a schedule III anabolic steroid for the purpose of human muscle building or enhancing human athletic performance and no pharmacist shall dispense a schedule III anabolic steroid for either purpose, unless it has been approved for that purpose under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended.

(C) Each written prescription shall be properly executed, dated, and signed by the prescriber on the day when issued and shall bear the full name and address of the person for whom, or the owner of the animal for which, the controlled substance is prescribed and the full name, address, and registry number under the federal drug abuse control laws of the prescriber. [...]

OHIO REV. CODE ANN. § 3719.06(A)(3), (B)-(C)

(A) A physician assistant who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient samples of drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority, subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the physician assistant may furnish the sample in the package amount.

(2) No charge may be imposed for the sample or for furnishing it.

(3) Samples of controlled substances may not be personally furnished.

(B) A physician assistant who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority, subject to all of the following:

(1) The physician assistant shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.

(2) The physician assistant shall not furnish the drugs and devices in locations other than a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code, a federally funded comprehensive primary care clinic, or a nonprofit health care clinic or program.

(3) The physician assistant shall comply with all standards and procedures for personally furnishing supplies of drugs and devices, as established in rules adopted under section 4730.39 of the Revised Code.

OHIO REV. CODE ANN. § 4730.43

(A) Notwithstanding any provision of this chapter or rule adopted by the state medical board, a physician assistant who holds a valid prescriber number issued by the board and has been granted physician-delegated prescriptive authority may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having examined the individual to whom it may be administered if both of the following conditions are met:

(1) The naloxone supply is furnished to, or the prescription is issued to and in the name of, a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

(2) The physician assistant instructs the individual receiving the naloxone supply or prescription to summon emergency services as soon as practicable either before or after administering naloxone to an individual apparently experiencing an opioid-related overdose.

(B) A physician assistant who under division (A) of this section in good faith furnishes a supply of naloxone or issues a prescription for naloxone is not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is furnished or the prescription is issued: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

OHIO REV. CODE ANN. § 4730.431

A physician assistant licensed under this chapter may perform any of the following services authorized by the supervising physician that are part of the supervising physician's normal course of practice and expertise: [...]

(7) If the physician assistant holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority, ordering, prescribing, personally furnishing, and administering drugs and medical devices.

OHIO REV. CODE ANN. § 4730.20(A)(7)

(B) When acting pursuant to a supervision agreement, a physician assistant may delegate the performance of a medical task or, under the conditions specified in section 4730.203 of the Revised Code, the administration of a drug to an unlicensed person.

(1) The physician assistant shall comply with all of the requirements of section 4730.203 of the Revised Code and this rule when delegating a medical task or the administration of a drug.

(2) A physician assistant shall not authorize or permit an unlicensed person to whom a medical task or the administration of a drug is delegated to further delegate the performance of the task or administration to third person.

(3) The physician assistant shall provide on-site supervision of the unlicensed person to whom the medical task or administration of a drug is delegated.

(C) Prior to the delegation of the performance of a medical task or the administration of a drug, the physician assistant shall ensure that each of the following requirements is met:

(1) That the supervision agreement and any applicable healthcare facility policies authorize the physician assistant to delegate the performance of a medical task or the administration of a drug;

(2) That the task or administration of the drug is within that physician assistant's practice authority;

(3) That the task or administration of the drug is indicated for the patient;

(4) That no law prohibits the delegation;

(5) That the unlicensed person to whom the task or drug administration will be delegated is competent to perform that service;

(6) That the task or drug administration itself is one that should be appropriately delegated when considering the following factors:

(a) That the task or drug administration can be performed without requiring the exercise of judgment based on medical knowledge;

- (b) That results of the task or drug administration are reasonably predictable;
 - (c) That the task or drug administration can safely be performed according to exact, unchanging directions;
 - (d) That the task or drug administration can be performed without a need for complex observations or critical decisions;
 - (e) That the task or drug administration can be performed without repeated medical assessments;
 - (f) That the task or drug administration, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient; and
- (7) That the delegation of the administration of a drug is in compliance with paragraph (D) of this rule.
- (D) In addition to the requirements of paragraph (C) of this rule, prior to delegating the administration of a drug, the physician assistant shall ensure that all of the following requirements are met:
- (1) The physician assistant holds a current license with a valid prescriber number issued under section 4730.11 of the Revised Code and has been granted physician-delegated prescriptive authority by the supervising physician.
 - (2) The drug is included in the formulary established under division (A) of section 4730.39 of the Revised Code;
 - (3) The drug is not a controlled substance;
 - (4) The drug will not be administered intravenously;
 - (5) The drug is not an anesthesia agent; and
 - (6) The drug will not be administered in any of the following locations:
 - (a) A hospital inpatient care unit, as defined in section 3727.50 of the Revised Code;
 - (b) A hospital emergency department;
 - (c) A freestanding emergency department; or
 - (d) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code.

OHIO ADMIN. CODE 4730-1-08(B)-(D)

An application shall be considered complete when all of the following requirements are met: [...]

- (3) The board has received documentation providing proof satisfactory to the board of the applicant having completed the education and training required pursuant to section 4730.46 of the Revised Code;

OHIO ADMIN. CODE 4730-2-03(C)(3)

- (A) Upon issuance of a provisional certificate to prescribe, the physician assistant is authorized to participate in a provisional period of physician-delegated prescriptive authority.
- (B) The provisional period shall be conducted under the supervision of one or more supervising physicians with whom the physician assistant has a board-approved supervisory agreement.
- (1) One supervising physician shall be designated as the primary supervising physician and shall have the primary responsibility for verifying the provisional period.
 - (2) The primary supervising physician shall, at all times during the provisional period, hold a certificate to practice medicine and surgery issued by the board pursuant to Chapter 4731 of the Revised Code that is not subject to restrictions, limitations, or probationary conditions and an unrestricted registration with the federal drug enforcement administration.
- (C) The provisional period shall require a minimum of one thousand hours and a maximum of one thousand eight hundred hours, and last for at least six months but not longer than twelve months, except when a supervising physician has extended the provisional period for no longer than another twelve months.
- (1) The first five hundred hours of the provisional period shall be under the on-site supervision, as that term is defined in rule 4730-1-01 of the Administrative Code, of one or more supervising physicians.
 - (2) The remaining hours of the provisional period may be conducted under off-site supervision, as that term is defined in rule 4730-1-01 of the Administrative Code, or the level of supervision specified

by the supervising physician. With the consent of the supervising physician, physician assistants who have been granted physician delegated prescriptive authority in another jurisdiction may show proof of having met this requirement by providing an affidavit from their supervising physician licensed in that state that authorizes physician-delegated prescriptive authority for physician assistants stating that the physician assistant has completed one thousand hours of supervised prescribing.

(D) During the course of the provisional period, each supervising physician who supervises the physician assistant in the exercise of physician-delegated prescriptive authority shall review and evaluate the physician assistant's competence, knowledge, and skill in pharmacokinetic principles and the application of these principles to the physician assistant's area of practice. The review and evaluation shall be documented by the supervising physician's signing of patient charts in a legible manner. In lieu of signing the patient charts, the supervising physician may document the review and evaluation by the use of an electronically generated signature provided that reasonable measures have been taken to prevent the unauthorized use of the electronically generated signature.

(1) During the first five hundred hours of the provisional period, the review and evaluation shall be completed and documented on every chart by each supervising physician who provided supervision within a reasonable period of time after the physician assistant rendered service to a patient.

(2) During the remainder of the provisional period, the review and evaluation shall be completed and documented on at least fifty percent of the patient charts by each supervising physician who provided supervision within a reasonable period of time after the physician assistant rendered service to a patient.

(E) Provisional period hours completed under the supervision of a primary supervising physician may be transferred to a provisional period under a subsequent primary supervising physician pursuant to the following criteria:

(1) Provisional period hours completed under the supervision of a primary supervising physician may be transferred, not more than one time, when both of the following criteria are met:

(a) The initial primary supervising physician provides written verification of the activities and number of hours successfully completed during the provisional period by the physician assistant; and

(b) The subsequent primary supervising physician approves the transfer of the provisional period hours.

(2) Provisional period hours completed under the supervision of the subsequent primary supervising physician may be transferred to a provisional period under a third primary supervising physician only upon the board's approval when all of the following conditions are met:

(a) The subsequent primary supervising physician provides both of the following:

(i) Written verification of the activities and number of hours successfully completed during the provisional period to date; and

(ii) Written explanation of why the transfer of provisional period hours is being requested;

(b) The third primary supervising physician approves the transfer of the provisional period hours;

(c) The failure to transfer the hours would result in undue hardship to the physician assistant; and

(d) The granting of the transfer would not jeopardize patient care.

(F) Successful completion of the provisional period requires that both of the following requirements be met:

(1) The physician assistant completed the provisional period in accordance with this rule; and

(2) The primary supervising physician certifies to the board that the physician assistant is capable of consistently making prescriptive decisions in accordance with the minimal standards of care.

(G) The primary supervising physician shall notify the board, on forms prescribed by the board, of any of the following:

(1) That the physician assistant successfully completed the provisional period;

(2) That the physician assistant's provisional period is being extended, including the number of additional hours and/or time period of the extension; or

(3) That the physician assistant did not successfully complete the provisional period and the provisional period is not being extended.

(H) Upon receipt of notice from the primary supervising physician that the physician assistant did not successfully complete the provisional period, the board shall immediately revoke the provisional certificate to prescribe. The revocation of the provisional certificate to prescribe based upon notice that the provisional period was not successfully completed is not subject to hearing rights or appeal under Chapter 119 of the Revised Code.

(I) A provisional certificate to prescribe shall be considered to be valid for up to one year after issuance, except that the provisional certificate may, upon the report of the primary supervising physician pursuant to paragraph (G)(2) of this rule, be extended in accordance with the number of additional hours and/or time period specified in the notice submitted by the supervising physician.

OHIO ADMIN. CODE 4730-2-04

(A) All applicants for a certificate to prescribe shall file a written application under oath on the forms prescribed by the board, and provide such other facts and materials as the board requires.

(B) No application shall be considered filed, and shall not be reviewed, until the fee required by section 4730.44 of the Revised Code has been received by the board.

(C) An application shall be considered complete when all of the following requirements are met:

(1) The fee required pursuant to section 4730.44 of the Revised Code has been received by the board;

(2) The records of the board establish that the applicant holds a current, valid certificate to practice as a physician assistant in Ohio;

(3) All information required by section 4730.44 of the Revised Code, including such other facts and materials as the board requires, has been received by the board;

(4) The board has received evidence satisfactory to the board of the applicant having successfully completed the provisional period of physician-delegated prescriptive authority required by section 4730.45 of the Revised Code; and

(5) The board is not conducting an investigation, pursuant to section 4730.26 of the Revised Code, of evidence appearing to show that the applicant has violated section 4730.25 of the Revised Code or applicable rules adopted by the board.

(D) Applications shall be processed according to the provisions of rule 4730-1-06 of the Administrative Code.

(E) A certificate to prescribe may be renewed in the manner and according to the standards sets forth in sections 4730.48 and 4730.49 of the Revised Code.

(1) The applicant shall submit a completed application prescribed by the board, including the payment of the fee required by section 4730.48 of the Revised Code;

(2) The applicant shall certify that the applicant has completed the requisite hours of continuing education in pharmacology in compliance with the following requirements:

(a) The applicant completed twelve hours of continuing education in pharmacology during the licensure registration period, or, if the certificate to prescribe was initially issued on or after the first day of the second year of the licensure registration period, at least six hours of continuing education in pharmacology; and

(b) The completed continuing education in pharmacology is category I CME as certified by the "Ohio Association of Physician Assistants," "Ohio State Medical Association," "Ohio Osteopathic Association," "Ohio Podiatric Medicine Association," or a CME provider accredited by the ACCME and approved by the board. Certification is a process whereby the "Ohio State Medical Association," "Ohio Osteopathic Association," "Ohio Podiatric Medical Association," "Ohio Association of Physician Assistants," and other ACCME accredited providers define their respective CME program requirements for periodic submission to the board for approval. The

board may approve each association's CME program requirements which consist of CME category I course and activities that are deemed acceptable for completing the requisite hours of continuing education in pharmacology by each licensee.

(F) A certificate to prescribe shall lapse when the physician assistant's certificate to practice expires. A lapsed certificate to prescribe may be reinstated upon conformance with the following requirements:

- (1) The certificate to practice has been reinstated or restored;
- (2) The applicant submits a completed application to reinstate the certificate to prescribe, as prescribed by the board;
- (3) The applicant certifies that the applicant completed continuing education in pharmacology meeting the requirements of paragraph (E) of this rule for each licensure registration period since the last renewal of the certificate to prescribe; and
- (4) The applicant submits payment of the renewal fee required by section 4730.48 of the Revised Code.

(G) A certificate to prescribe shall expire if not renewed at the time the certificate to practice is renewed. Once expired, a certificate to prescribe may be reinstated upon evidence of all of the following:

- (1) The applicant holds a current certificate to practice issued pursuant to section 4730.12 of the Revised Code;
- (2) The applicant submits a completed application to reinstate the certificate to prescribe, as prescribed by the board, including the payment of the renewal fee required by section 4730.48 of the Revised Code; and
- (3) The applicant certifies that the applicant completed continuing education in pharmacology meeting the requirements of paragraph (E) of this rule for each licensure registration period since the last renewal of the certificate to prescribe.

OHIO ADMIN. CODE 4730-2-05

(A) This formulary, as contained in the attached appendix to this rule, is established for individuals who hold a current, valid certificate to practice as a physician assistant and either a current, valid provisional certificate to prescribe or a certificate to prescribe issued by the board, and who have been authorized to prescribe pursuant to a board approved supervisory plan or the policies of the health care facility in which the physician assistant is practicing. The formulary does not authorize a physician assistant to prescribe any drug or device used to perform or induce an abortion.

(B) For purposes of the physician assistant formulary:

- (1) "CTP" means either a provisional certificate to prescribe or a certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.
- (2) "CTP holder may not prescribe" means medications in the category may not be prescribed by any CTP holder for any indication.
- (3) "CTP holder may prescribe" means medications in the category may be prescribed by any CTP holder as appropriate.
- (4) "Physician initiated/consultation" means that either the supervising physician must initiate the drug after personally evaluating the patient or the physician assistant must consult with the supervising physician by direct, real time communication prior to initiating the drug.
- (5) "Therapeutic device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended to affect the structure or any function of the body and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes. Therapeutic device includes any device subject to regulation by the "Food and Drug Administration."

(C) All physician assistant prescribing shall be in compliance with the supervisory plan under which the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing, as may be restricted by the supervising physician.

(D) All drugs and therapeutic devices shall be prescribed in accordance with the manufacturer's package insert, the "United States Pharmacopoeia," and the minimal standard of care.

(E) Drugs may be prescribed for purposes other than "Food and Drug Administration" indications when both of the following requirements are met:

(1) The purpose is supported by current peer review literature, which emanates from a recognized body of knowledge; and

(2) Prescribing for the purpose is authorized by the supervising physician under whom the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing.

(F) In order for a physician assistant to prescribe a combination medication, each component drug must be listed on the formulary as "CTP holder may prescribe" or the combination medication itself must be listed on the formulary as "CTP holder may prescribe."

(G) For medications that are denoted "Physician initiated/consultation," both of the following requirements apply:

(1) The supervising physician's initiation of the drug or the prior consultation between the physician assistant and the supervising physician shall be documented in the patient record; and

(2) The physician assistant shall consult with the supervising physician before changing the dosage of the drug or before renewing a prescription when there is a change in patient status. The consultation shall be documented in the patient record.

(H) A drug for which the classification is not included on the formulary shall not be prescribed by a physician assistant until it is reviewed and added to the formulary.

(I) The prescription of oxygen and plasma expanders is regulated by the Ohio state board of pharmacy and requires the physician assistant to hold a current, valid certificate to prescribe.

(J) A physician assistant's prescription of therapeutic devices shall be in compliance with both of the following:

(1) The physician assistant may only prescribe a therapeutic device that has been approved by the "Food and Drug Administration" and which the supervising physician prescribes in the routine course of practice for the specific use approved by the "Food and Drug Administration;" and

(2) The physician assistant shall not prescribe a therapeutic device that federal or state statute, rule, or regulation prohibits the physician assistant from using.

OHIO ADMIN. CODE 4730-2-06

For purposes of this rule, the term "certificate to prescribe" includes the provisional certificate to prescribe and the full certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.

(A) A physician assistant who holds a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician may prescribe a drug or therapeutic device provided the prescription is in accordance with all of the following:

(1) The extent and conditions of the physician-delegated prescriptive authority, granted by the supervising physician who is supervising the physician assistant in the exercise of the authority, for the prescription of drugs and devices listed on the formulary set forth rules promulgated by the board;

(2) The requirements of Chapter 4730 of the Revised Code;

(3) The requirements of Chapters 4730-1, 4730-2, 4731-11, and 4731-21 of the Administrative Code; and

(4) The requirements of state and federal law pertaining to the prescription of drugs and therapeutic devices.

(B) A physician assistant who holds a current valid certificate to prescribe who has been granted physician-delegated prescriptive authority by a supervising physician shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:

(1) Obtaining a thorough history of the patient;

- (2) Conducting a physical examination of the patient;
- (3) Rendering or confirming a diagnosis;
- (4) Prescribing medication, ruling out the existence of any recognized contraindications;
- (5) Consulting with the supervising physician when necessary; and
- (6) Properly documenting these steps in the patient's medical record.

(C) The physician assistant's prescriptive authority shall not exceed the prescriptive authority of the supervising physician under whose supervision the prescription is being written, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board of Ohio.

(D) A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician to prescribe controlled substances shall apply for and obtain the United States drug enforcement administration registration prior to prescribing any controlled substances.

(E) A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe any drug or device to perform or induce an abortion.

(F) A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall include on each prescription the certificate number of the physician assistant's certificate to prescribe, and, where applicable, shall include the physician assistant's DEA number.

OHIO ADMIN. CODE 4730-2-07

(A) The following general provisions apply for purposes of this rule:

- (1) The term "certificate to prescribe" includes the provisional certificate to prescribe and the full certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.
- (2) The physician assistant may personally furnish a complete or partial supply of a drug or therapeutic device only in accordance with this rule and any other applicable state or federal laws or rules relative to personally furnishing drugs and therapeutic devices, including, but not limited to, rules adopted by the Ohio board of pharmacy.

(B) A physician assistant who holds a certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician may personally furnish to a patient a complete or partial supply of drugs and therapeutic devices, in accordance with all of the following conditions:

- (1) The physician assistant shall not personally furnish drugs and devices in locations other than a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code, a federally funded comprehensive primary care clinic, or a nonprofit health clinic or program;
- (2) The physician assistant may personally furnish only those types of drugs and devices that meet all of the following requirements:
 - (a) The drugs and devices are antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, or drugs used in the treatment of dyslipidemia;
 - (b) The drugs and devices are included among the drugs and devices set forth in the formulary established in rule 4730-2-06 of the Administrative Code; and
 - (c) The drugs and devices are included among the drugs and devices for which the supervising physician has granted prescriptive authority to the physician assistant.
- (3) The physician assistant shall not personally furnish either of the following:
 - (a) Any schedule II controlled substance; or
 - (b) Any drug or device used to perform or induce an abortion.
- (4) The physician assistant shall affix to the container or device a label showing all of the following information:

- (a) The name, address, and certificate to prescribe number of the prescribing physician assistant;
- (b) The name of the patient for whom the drug or device is intended;
- (c) Name and strength of the drug;
- (d) Directions for use; and
- (e) Date furnished.

(C) The physician assistant who holds a certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall maintain a written record of all drugs and devices personally furnished by the physician assistant.

OHIO ADMIN. CODE 4730-2-08

(A) The following general provisions apply for purposes of this rule:

- (1) The term "certificate to prescribe" includes the provisional certificate to prescribe and the full certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.
- (2) The physician assistant may personally furnish a sample of a drug or therapeutic device only in accordance with this rule and any other applicable state or federal laws or rules relative to personally furnishing drugs and therapeutic devices, including, but not limited to, rules adopted by the Ohio board of pharmacy.

(B) A physician assistant who holds a certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician may personally furnish to a patient a sample of drugs and therapeutic devices included within the physician-delegated prescriptive authority, in accordance with all of the following conditions:

- (1) The physician assistant shall personally furnish the samples in accordance with the requirements of section 3719.81 of the Revised Code;
- (2) The physician assistant shall not personally furnish samples of controlled substances or any drug or device used to perform or induce an abortion;
- (3) The samples are of drugs and devices included among the drugs and devices set forth in the formulary established in rule 4730-2-06 of the Administrative Code;
- (4) The samples are of drugs and devices included among the drugs and devices for which the supervising physician has granted prescriptive authority to the physician assistant;
- (5) The amount of the sample furnished shall not exceed a seventy-two hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two hour supply, in which case the physician assistant must furnish the sample in the packaged amount;
- (6) The physician assistant shall not sell, impose a charge, or accept a fee for the sample or for furnishing it;
- (7) Where the directions for use by a particular patient are different from the directions on or in the sample container, the physician assistant shall provide, in written format, the following:
 - (a) The name of the prescribing physician assistant and the name of the physician under whose supervision the physician assistant is authorized to write the prescription;
 - (b) The name of the patient; and
 - (c) Directions for use of the drug or therapeutic device.
- (8) The physician assistant shall maintain a written record of all samples of drugs and devices personally furnished by the physician assistant.

OHIO ADMIN. CODE 4730-2-09

Oklahoma

1. A physician assistant under the direction of a supervising physician may prescribe written and oral prescriptions and orders. The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical

supplies and services as delegated by the supervising physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.

2. A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.

OKLA. STAT. ANN. tit. 59, § 519.6(D)

The following apply to a physician assistant who has been delegated prescriptive authority that has been approved by the board:

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
- (2) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with no refills. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (3) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. For the purposes of this provision, as well as 59 O.S. § 519.6(D), “on-site” shall mean a:
 - A. Hospital,
 - B. Emergency room,
 - C. Surgicenter licensed by the department of health, or
 - D. Medical clinics or offices.
 - E. State-owned Veterans Administration long-term care facilities with an in-house pharmacy.
- (4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.

OKLA. ADMIN. CODE § 435:15-5-10

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue written and oral prescriptions and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. § 2-312 as delegated by the supervising physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

(b) Any prescription for a pure form or combination of the following generic classes of drugs, listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded. Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only with the direct order of the supervising physician.

(c) Prescriptions for non-controlled medications may be written for up to a 30-day supply with two (2) refills of an agent prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications may be written for up to a 30-day supply. No refills of the original prescription are allowed. In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing

administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(f) A prescription issued by a physician assistant, whether written or oral, shall be the joint responsibility of the physician assistant and supervising physician. The supervising physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the supervising physician whose name shall appear on the prescription blank or to the physician assistant.

(g) All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and the Committee, and subsequent approval by the Board. This restriction shall not apply to modifications of current generic drugs included on the Drug Formulary.

(h) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with written policies established by the supervising physician.

OKLA. ADMIN. CODE § 435:15-11-1

(a) Physician Assistants in accordance with the Physician Assistant Act may prescribe medications that are within the scope of physician assistant practice, under the supervision of a licensed supervising physician and the Physician Assistant Drug Formulary. The Drug Formulary shall list drugs or categories of drugs that shall or shall not be prescribed by the physician assistant or prescribed only under certain criteria.

(b) The Committee will, at least on an annual basis and in a timely manner, review the structure and content of the Physician Assistant Drug Formulary and make such revisions as it deems necessary. Any proposed changes must be reviewed and approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy before becoming effective. Copies of the formulary shall be made available to any licensed pharmacy in the State of Oklahoma upon request. The Board assumes that all supervising physicians and physician assistants are completely familiar with the law and rules governing prescriptive authority of physician assistants.

(c) All drugs in categories listed in 435:15-11-2(d) as defined by the American Hospital Formulary Service Information Book (current) may be prescribed by physician assistants, except as noted in section 435:15-11-2(e).

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents
- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents
- (13) Hormone and synthetic substitutes
- (14) Local anesthetics
- (15) Skin and mucous membrane agents
- (16) Smooth muscle relaxants
- (17) Vitamins

(18) Miscellaneous therapeutic agents

OKLA. ADMIN. CODE § 435:15-11-2

Oregon

(1) A physician assistant licensed under ORS 677.512 may provide any medical service, including prescribing and administering controlled substances in schedules II through V under the federal Controlled Substances Act:

- (a) That is delegated by the physician assistant's supervising physician or supervising physician organization;
- (b) That is within the scope of practice of the physician assistant;
- (c) That is within the scope of practice of the supervising physician or supervising physician organization;
- (d) That is provided under the supervision of the supervising physician or supervising physician organization;
- (e) That is generally described in and in compliance with the practice agreement; and
- (f) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

OR. REV. STAT § 677.515(1)

(1) (a) A supervising physician or supervising physician organization may apply to the Oregon Medical Board for authority for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515(4), a physician assistant may not dispense controlled substances classified in Schedule I or II under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(2) The board shall adopt rules establishing standards and qualifications for physician assistants with dispensing authority. The rules must require:

- (a) A physician assistant seeking dispensing authority to complete a drug dispensing training program; and
- (b) The supervising physician or supervising physician organization that applies for dispensing authority for a physician assistant to:
 - (A) Provide the board with a plan for drug delivery and control;
 - (B) Submit an annual report to the board on the physician assistant's use of dispensing authority;
 - (C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or supervising physician organization proposes to authorize the physician assistant to dispense; and
 - (D) Submit to the board documentation showing that the supervising physician or supervising physician organization has registered the facility from which the physician assistant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.

(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug dispensing training program for physician assistants and adopt that program by rule.

(4) A supervising physician or supervising physician organization that supervises a physician assistant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy relating to registration, acquisition, storage, integrity, security, access, dispensing and disposal of drugs, record keeping and consultation with pharmacists.

(5) A physician assistant who dispenses a controlled substance classified in Schedule III or IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035, shall report the dispensing of the controlled substance to the Oregon Health Authority in a manner consistent with the requirements for reporting by pharmacies as provided in ORS 431A.855 to 431A.900.

(6) Drugs dispensed by a physician assistant with dispensing authority under this section must be personally dispensed by the physician assistant.

OR. REV. STAT § 677.511

(4) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and prescribe medications pursuant to this section and ORS 677.535 to 677.545. The board may not limit the privilege of administering, dispensing and prescribing to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the supervising physician.

[...]

(6) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 to 677.545 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

OR. REV. STAT § 677.515(4),(6)

(1) An Oregon grandfathered physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The Oregon grandfathered physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and (b) The Oregon grandfathered physician assistant has documented adequate education or experience in pharmacology commensurate with the practice agreement or Board-approved practice description.

(2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in (1) or (2) are fulfilled and if the following conditions are met:

(a) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board-approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.

(b) The physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA) and must complete all required continuing medical education coursework.

(4) A physician assistant may prescribe and dispense buprenorphine for medication-assisted treatment for opioid dependency if the requirements in (1) or (2) are fulfilled and the following conditions are met:

(a) The physician assistant has obtained a buprenorphine waiver from the Drug Enforcement Administration;

(b) The physician assistant has been granted dispensing authority if the physician assistant will dispense buprenorphine;

(c) The scope of practice of the physician assistant's supervising physician includes use of buprenorphine for medication-assisted treatment for opioid dependency;

- (d) The physician assistant's practice agreement includes use of buprenorphine for medication-assisted treatment for opioid dependency as a delegated medical service; and
 - (e) The physician assistant complies with all federal and state requirements for recordkeeping specific to buprenorphine treatment.
- (5) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the supervising physician and the name of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written. The physician assistant must sign the prescription and the signature must be followed by the letters "P.A." Also the physician assistant's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.
- (6) A supervising physician or primary supervising physician of a supervising physician organization may apply to the Board for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.
- (a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant has been delegated Schedule II prescription privileges by the supervising physician.
 - (b) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:
 - (A) Location of the practice site;
 - (B) Accessibility to the nearest pharmacy; and
 - (C) Medical necessity for dispensing.
 - (c) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (5)(b) of this rule:
 - (A) The physician assistant may not dispense Schedule I through IV controlled substances;
 - (B) The physician assistant must complete a drug dispensing training program jointly developed by the Oregon Medical Board and the State Board of Pharmacy; and
 - (C) The supervising physician or primary supervising physician of a supervising physician organization must submit to the Board:
 - (i) A plan for drug delivery and control;
 - (ii) An annual report on the physician assistant's use of dispensing authority;
 - (iii) A list of the drugs or classes of drugs the physician assistant will dispense; and
 - (iv) A list of all facilities where the physician assistant will dispense and documentation that each of these facilities has been registered with the State Board of Pharmacy as a supervising physician dispensing outlet.
- (7) A physician assistant with dispensing authority must:
- (a) Dispense medications personally;
 - (b) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689, and the physician assistant must maintain records of receipt and dispensing; and
 - (c) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.
- (8) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(9) A supervising physician or primary supervising physician of a supervising physician organization for a physician assistant who is applying for dispensing authority must be registered with the Oregon Medical Board as a dispensing physician.

OR. ADMIN. R. § 847-050-0041

Pennsylvania – Allopathic

A physician assistant shall not independently prescribe or dispense drugs. The board shall promulgate regulations which permit a physician assistant to prescribe and dispense drugs at the direction of a physician. The board shall request the comments and recommendations of the State Board of Pharmacy.

63 PA. CONS. STAT. § 422.13(f)

(a) Prescribing, dispensing and administration of drugs.

(1) The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined by section 4 of The Controlled Substances, Drug, Device, and Cosmetic Act (35 P. S. § 780-104).

(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. The prescription must clearly state on its face that it is for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.

(5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.

(6) A physician assistant authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration (DEA).

(b) Prescription blanks. The requirements for prescription blanks are as follows:

(1) Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in a printed format at the heading of the blank. The supervising physician must also be identified as required in § 16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(2) The signature of a physician assistant shall be followed by the initials "PA-C" or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant's DEA registration number must appear on the prescription.

(3) The supervising physician is prohibited from presigning prescription blanks.

(4) The physician assistant may use a prescription blank generated by a hospital provided the information in paragraph (1) appears on the blank.

(c) Inappropriate prescription. The supervising physician shall immediately advise the patient, notify the physician assistant and, in the case of a written prescription, advise the pharmacy if the physician assistant is prescribing or dispensing a drug inappropriately. The supervising physician shall advise the patient and notify the physician assistant to discontinue using the drug and, in the case of a written prescription, notify the pharmacy to discontinue the prescription. The order to discontinue use of the drug or prescription shall be noted in the patient's medical record by the supervising physician.

(d) Recordkeeping requirements. Recordkeeping requirements are as follows:

(1) When prescribing a drug, the physician assistant shall keep a copy of the prescription, including the number of refills, in a ready reference file, or record the name, amount and doses of the drug

prescribed, the number of refills, the date of the prescription and the physician assistant's name in the patient's medical records.

(2) When dispensing a drug, the physician assistant shall record the physician assistant's name, the name of the medication dispensed, the amount of medication dispensed, the dose of the medication dispensed and the date dispensed in the patient's medical records.

(3) The physician assistant shall report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement.

(4) The supervising physician shall countersign the patient record within 10 days.

(5) The physician assistant and the supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant's authority to prescribe or dispense a drug. The written agreement must list the categories of drugs which the physician assistant is not permitted to prescribe.

(e) Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs. A physician assistant shall comply with §§ 16.92 -- 16.94 (relating to prescribing, administering and dispensing controlled substances; packaging; and labeling of dispensed drugs) and Department of Health regulations in 28 Pa. Code §§ 25.51 -- 25.58 (relating to prescriptions) and regulations regarding packaging and labeling dispensed drugs. See § 16.94 and 28 Pa. Code §§ 25.91 -- 25.95 (relating to labeling of drugs, devices and cosmetics).

49 PA. CODE § 18.158

Pennsylvania – Osteopathic

Nothing in this act shall be construed to permit a physician assistant to independently prescribe or dispense drugs. The board and state board of pharmacy will jointly develop regulations to permit a physician assistant to prescribe and dispense drugs at the direction of a licensed physician.

63 PA. CONS. STAT. § 271.10(p)

(a) Prescribing, dispensing and administration of drugs.

(1) The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined under section 4 of The Controlled Substances, Drug, Device and Cosmetic Act (35 P. S. § 780-104).

(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. The physician assistant shall have no authority to prescribe a Schedule II controlled substance after the initial therapy of up to a 72-hour dose, until the patient has been examined by the supervising physician and the supervising physician has reviewed and approved the prescription of a Schedule II controlled substance by the physician assistant for up to a 30-day supply.

(i) If the supervising physician determines and documents that the patient is chronically ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply of the Schedule II controlled substance, only if the prescription of a Schedule II controlled substance by the physician assistant is reviewed and approved by the supervising physician at least every 30 days.

(ii) If the supervising physician determines and documents that the patient is terminally ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if the prescription of a Schedule II controlled substance by the physician assistant is reviewed and approved by the supervising physician at least every 120 days.

(iii) The prescription must clearly state on its face that it is for initial or ongoing therapy.

- (4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.
- (5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.
- (6) A physician assistant authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration (DEA).
- (b) Prescription blanks. The requirements for prescription blanks are as follows:
 - (1) Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in printed format at the heading of the blank. The supervising physician's name and license number must also be printed or preprinted on the prescription.
 - (2) The signature of a physician assistant must be followed by the initials "PA-C" or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant's DEA registration number must appear on the prescription.
 - (3) The supervising physician is prohibited from presigning prescription blanks.
 - (4) The physician assistant may use a prescription blank generated by a hospital provided the information in paragraph (1) appears on the blank.
- (c) Inappropriate prescription. The supervising physician shall immediately advise the patient, notify the physician assistant and, in the case of a written or oral prescription, advise the pharmacy if the physician assistant is prescribing or dispensing a drug inappropriately. The supervising physician shall advise the patient and notify the physician assistant to discontinue using the drug and, in the case of a written or oral prescription, notify the pharmacy to discontinue the prescription. The order to discontinue use of the drug or prescription shall be noted in the patient's medical record by the supervising physician.
- (d) Recordkeeping requirements. Recordkeeping requirements are as follows:
 - (1) When prescribing a drug, the physician assistant shall keep a copy of the prescription, including the number of refills, in a ready reference file, or record the name, amount, directions for use and doses of the drug prescribed, the number of refills, the date of the prescription and the physician assistant's name in the patient's medical records.
 - (2) When dispensing a drug, the physician assistant shall record the physician assistant's name, the name of the medication dispensed, the amount of medication dispensed, the dose of the medication dispensed and the date dispensed in the patient's medical records.
 - (3) The physician assistant shall report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement.
 - (4) The supervising physician shall countersign the patient record at least weekly in accordance with § 25.178 (relating to medical records).
 - (5) The physician assistant and the supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant's authority to prescribe or dispense a drug. The written agreement must list the categories of drugs which the physician assistant is not permitted to prescribe.
- (e) Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs. A physician assistant shall comply with this section and with the regulations of the Department of Health in 28 Pa. Code §§ 25.51 -- 25.58 and 25.91 -- 25.95 (relating to prescriptions; and labeling of drugs, devices and cosmetics).

49 PA. CODE § 25.177

Rhode Island

[...] Physician assistants may perform those duties and responsibilities consistent with the limitations of this section, including prescribing of drugs and medical devices, which are delegated by their supervising physician(s). Physician assistants may request, receive, sign for and distribute professional samples of drugs and medical devices to patients only within the limitations of this section. [...]

R.I. GEN. LAWS § 5-54-8(a)

Physician assistants may write prescriptions and medical orders to the extent provided in this paragraph. When employed by or extended medical staff privileges by a licensed hospital or other licensed health care facility a physician assistant may write medical orders for inpatients as delineated by the medical staff bylaws of the facility as well as its credentialing process and applicable governing authority. Physician assistants employed directly by physicians, health maintenance organizations or other health care delivery organizations may prescribe legend medications including schedule II, III, IV and V medications under chapter 28 of title 21 of the Rhode Island Uniform Controlled Substances Act, medical therapies, medical devices and medical diagnostics according to guidelines established by the employing physician, health maintenance organization or other health care delivery organization.

R.I. GEN. LAWS § 5-54-8(c)

Physician assistants practice with physician supervision. Physician assistants may perform those duties and responsibilities consistent with the limitations of R.I. Gen. Laws §5-54-8, including prescribing of drugs and medical devices, that are delegated by their supervising physician(s). Physician assistants may request, receive, sign for and distribute professional samples of drugs and medical devices to patients only within the limitations of R.I. Gen. Laws §5-54-8. Notwithstanding any other provisions of law, a physician assistant may perform health care services when such services are rendered under the supervision of a licensed physician.

216-40-05 R.I. CODE R. § 24.6(A)

Physician assistants employed directly by physicians, health maintenance organizations or other health care delivery organizations may prescribe legend medications, including schedules II, III, IV, and V medications under R.I. Gen. Laws Chapter 21-28 (the Rhode Island Uniform Controlled Substance Act), medical therapies, medical devices and medical diagnostics according to guidelines established by the employing physician, health maintenance organization, or other health care delivery organization.

Prescriptive privileges for physician assistants shall be granted for all legend medications, including controlled substances from schedules II, III, IV, and V, in accordance with the agreement developed by the supervising physician and the physician assistant pursuant to § 24.6.2 of these Regulations.

If a physician assistant does prescribe controlled substances from schedules II, III, IV, and V, under R.I. Gen. Laws Chapter 21-28, he/she must obtain a Rhode Island registration for prescribing controlled substances from the Board of Pharmacy, as well as a federal registration.

216-40-05 R.I. CODE R. §§ 24.6.3(C)-(E)

South Carolina

Physician assistants may perform those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians. However, only physician assistants holding a permanent license may prescribe drug therapy as provided in this article.

S.C. CODE ANN. § 40-47-935(2)

(A) If the written scope of practice guidelines authorizes the physician's assistant to prescribe drug therapy:

- (1) prescriptions for authorized drugs and devices shall comply with all applicable state and federal laws;
- (2) prescriptions must be limited to drugs and devices authorized by the supervising physician and set forth in the written scope of practice guidelines;

(3) prescriptions must be signed by the physician assistant and must bear the physician assistant's identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the physician assistant's and physician's name, address, and phone number and shall comply with the provisions of Section 39-24-40;

(4) drugs or devices prescribed must be specifically documented in the patient record;

(5) the physician assistant may request, receive, and sign for professional samples of drugs authorized in the written scope of practice guidelines and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice guidelines;

(6) the physician assistant may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

(a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the physician assistant's written scope of practice guidelines;

(b) the physician assistant has directly evaluated the patient;

(c) the authority to prescribe is limited to an initial prescription and must not exceed a seventy-two hour supply;

(d) any subsequent prescription authorization must be in consultation with and upon patient examination and evaluation by the supervising physician, and must be documented in the patient's chart; and

(e) any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient's chart;

(7) the physician assistant may authorize a medical order for parenteral administration of a Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

(a) the authorization to write a medical order is expressly approved by the supervising physician as set forth in the physician assistant's written scope of practice guidelines;

(b) the physician assistant is providing patient care in a hospital setting, including emergency and outpatient departments affiliated with the hospital;

(c) an initial patient examination and evaluation has been performed by the supervising physician, or his delegate physician, and has been documented in the patient's chart; however, in a hospital emergency department, a physician assistant may authorize such a medical order if the supervising or delegate physician is unavailable due to clinical demands, but remains on the premises and is immediately available, and the supervising or delegate physician conducts the patient evaluation as soon as practicable and is documented in the patient's chart;

(d) the physician assistant has directly evaluated the patient; and

(e) the written medical order may not exceed a one-time administration within a twenty-four hour period.

(B) When applying for controlled substance prescriptive authority, the applicant shall comply with the following requirements:

(1) the physician assistant shall provide evidence of completion of sixty contact hours of education in pharmacotherapeutics acceptable to the board before application;

(2) the physician assistant shall provide at least fifteen contact hours of education in controlled substances acceptable to the board;

(3) every two years, the physician assistant shall provide documentation of four continuing education hours related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250;

(4) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules; and

(5) the physician assistant and supervising physician must read and sign a document approved by the board describing the management of expanded controlled substances prescriptive authority for physician assistants in South Carolina which must be kept on file for review. Within the two-year period, the physician assistant and the supervising physician periodically shall review this document and the physician assistant's prescribing practices to ensure proper prescribing procedures are followed. This review must be documented in writing with a copy kept at each practice site.

(C) A physician assistant's prescriptive authorization may be terminated by the board if the physician assistant:

- (1) practices outside the written scope of practice guidelines;
- (2) violates any state or federal law or regulation applicable to prescriptions; or
- (3) violates a state or federal law applicable to physician assistants.

S.C. CODE ANN. § 40-47-965

A physician assistant may not prescribe drugs, medications, or devices not specifically authorized by the supervising physician and documented in the written scope of practice guidelines; prescribe, under any circumstances, controlled substances in Schedule II except as authorized in Section 40-47-965.

S.C. CODE ANN. § 40-47-970(2),(3)

South Dakota

A physician assistant may provide those medical services that are delegated by the supervising physician pursuant to § 36-4A-1.1 if the service is within the physician assistant's skills, forms a component of the physician's scope of practice, and is provided with supervision including: [...]

(2) Prescribing and provision of drug samples or a limited supply of labeled medications, including controlled substances listed on Schedule II in chapter 34-20B for one period of not more than thirty days, for treatment of causative factors and symptoms. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's record. Physician assistants may request, receive, and sign for professional samples of drugs provided by the manufacturer; [...]

S.D. CODIFIED LAWS § 36-4A-26.1(2)

Tennessee

(d) A physician assistant supervised by a licensed podiatrist:

[...]

(3) May prescribe only drugs that are rational to the practice of podiatry.

TENN. CODE ANN. § 63-19-106(d)(3)

A licensed physician supervising physician assistants shall comply with the following practices:

[...]

(2) (A) In accordance with rules adopted by the board and the committee, a supervising physician may delegate to a physician assistant working under the physician's supervision the authority to prescribe and/or issue legend drugs and controlled substances listed in Schedules II, III, IV, and V of title 39, chapter 17, part 4. The rules adopted prior to March 19, 1999, by the board and the committee governing the prescribing of legend drugs by physician assistants shall remain effective after March 19, 1999, and may be revised from time to time as deemed appropriate by the board and the committee. The board and the committee may adopt additional rules governing the prescribing of controlled substances by physician assistants. A physician assistant to whom is delegated the authority to prescribe and/or issue controlled substances must register and comply with all applicable requirements of the drug enforcement administration;

(B) (i) A physician assistant to whom the authority to prescribe legend drugs and controlled substances has been delegated by the supervising physician shall file a notice with the committee

containing the name of the physician assistant, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the physician assistant and a copy of the formulary describing the categories of legend drugs and controlled substances to be prescribed and/or issued, by the physician assistant. The physician assistant shall be responsible for updating this information;

(ii) Notwithstanding any other rule or law, a physician assistant shall not prescribe Schedules II, III and IV controlled substances unless such prescription is specifically authorized by the formulary or expressly approved after consultation with the supervising physician before the initial issuance of the prescription or dispensing of the medication;

(iii) Any physician assistant to whom the authority to prescribe controlled drugs has been delegated by the supervising physician may only prescribe or issue a Schedule II or III opioid listed on the formulary for a maximum of a non-refillable, thirty-day course of treatment, unless specifically approved after consultation with the supervising physician before the initial issuance of the prescription or dispensing of the medication. This subdivision (2)(B)(iii) shall not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33;

(C) The prescriptive practices of physician assistants and the supervision by physicians under whom such physician assistants are rendering service shall be monitored by the board and committee. As used in this section, "monitor" does not include the regulation of the practice of medicine or the regulation of the practice of a physician assistant, but may include site visits by members of the board and committee;

(D) Any complaints against physician assistants and/or supervising physicians shall be reported to the director of the division of health related boards, the committee on physician assistants and the board of medical examiners, as appropriate;

(E) (i) Every prescription order issued by a physician assistant pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address and telephone number of the supervising physician and of the physician assistant, and the physician assistant shall sign each prescription order so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the physician assistant shall indicate on the prescription which of those physicians is the physician assistant's primary supervising physician by placing a checkmark beside or a circle around the name of that physician;

(ii) Any handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home or an assisted care living facility as defined in § 68-11-201;

(iii) Any typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, nursing home or an assisted care living facility as defined in § 68-11-201;

(iv) Nothing in this section shall be construed to prevent a physician assistant from issuing a verbal prescription order;

(v) (a) All handwritten, typed or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for Medicare and Medicaid service guidance to state Medicaid directors regarding § 7002(b) of the United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, P.L. 110-28, and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions.

(b) Subdivision (2)(E)(v)(a) shall not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201 or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state or federal correctional facility;

(F) No drugs shall be dispensed by a physician assistant except under the supervision, control and responsibility of the supervising physician;

(G) Any written, printed or computer-generated prescription order for a Schedule II controlled substance prepared by a physician assistant who is authorized by law to prescribe a drug must be legibly printed or typed as a separate prescription. The written, printed or computer-generated prescription order must contain all information otherwise required by law. The prescribing physician assistant must sign the written, printed or computer-generated prescription order on the day it is issued;

[...].

TENN. CODE ANN. § 63-19-107(2)

The supervising physician may delegate to a physician assistant working under the physician's supervision the authority to issue prescriptions or medication orders for legend drugs and controlled substances listed in Schedules II, III, IV, and V of Tennessee Code Annotated, Title 39, Chapter 17, Part 4 in accordance with written protocols which are mutually developed and agreed upon by the physician assistant and the supervising physician.

TENN. COMP. R. & REGS. 0880-02-.18(13)

(1) Prescription writing shall be governed by Tennessee Code Annotated, Section 63-19-107 and Title 53, Chapter 10, Part 2.

(2) A physician assistant authorized by his or her supervising physician to prescribe drugs shall complete a Notice of Authorization for Prescribing form, including the biographical information and formulary, and submit it to the Committee on Physician Assistants and the Tennessee Board of Pharmacy.

(3) As required by T.C.A. § 53-10-104, a physician assistant may not accept the delegated authority to issue a prescription or dispense any drug or medication whose sole purpose is to cause or perform an abortion.

TENN. COMP. R. & REGS. 0880-03-.21

(1) Purpose.

This rule is designed to implement the law requiring that licensed physician assistants have all written, typed, or computer-generated prescriptions issued on tamper-resistant prescription paper.

(2) Definitions.

The following definitions are applicable to this rule:

(a) "Drug" shall have the same meaning as set forth in T.C.A. § 63-10-204(16).

(b) "Prescriber" means an individual licensed in Tennessee as a medical doctor, podiatrist, advanced practice nurse with a certificate of fitness to prescribe, dentist, optometrist, osteopathic physician, or physician assistant.

(c) "Prescription order" shall have the same meaning as set forth in T.C.A. § 63-10-204(38).

(d) "Tamper-resistant prescription" means a written prescription order with features that are designed to prevent unauthorized copying, erasure, modification, and use of counterfeit prescription forms.

(3) Tamper-Resistant Prescription Requirements.

(a) A prescriber shall ensure that all handwritten, typed, or computer-generated prescription orders are issued on tamper-resistant prescriptions. Tamper-resistant prescriptions shall contain the following features:

1. Either a void or illegal pantograph or a watermark designed to prevent copying;
2. Either quantity check-off boxes with refill indicators or a uniform, non-white background color designed to prevent erasure or modification; and
3. Security features and descriptions listed on the prescriptions designed to prevent use of counterfeit forms.

(4) Security Measures and Recordkeeping.

(a) Each prescriber shall undertake adequate safeguards and security measures to ensure against loss, improper destruction, theft, or unauthorized use of the tamper-resistant prescriptions in the prescriber's possession.

(5) Use of Tamper-Resistant Prescriptions.

(a) Facsimile Prescription Transmission.

1. Prescriptions sent by facsimile transmission are not required to be placed on tamper-resistant prescription paper.
2. If a prescriber transmits a prescription order to a pharmacy by facsimile transmission, the prescriber or someone designated by the prescriber shall document in the patient's medical record the name of the drug, strength, and quantity prescribed. The prescriber may, but is not required to, document the means by which the prescription was transmitted.

(b) Electronic Prescription Transmission.

1. Prescriptions sent by electronic transmission are not required to be placed on tamper-resistant prescription paper.
2. If a prescriber transmits a prescription order to a pharmacy by electronic transmission, the prescriber shall document the prescription in the patient's file and in accordance with the applicable laws and rules for each of the prescribers' respective professions as well as applicable federal laws and rules. The prescriber, may, but is not required to, document the means by which the prescription was transmitted.

TENN. COMP. R. & REGS. 0880-03-.24

Texas

(a) A physician's authority to delegate the prescribing or ordering of a drug or device under this subchapter is limited to:

- (1) nonprescription drugs;
- (2) dangerous drugs; and
- (3) controlled substances to the extent provided by Subsections (b) and (b-1).

(b) Except as provided by Subsection (b-1), a physician may delegate the prescribing or ordering of a controlled substance only if:

- (1) the prescription is for a controlled substance listed in Schedule III, IV, or V as established by the commissioner of the Department of State Health Services under Chapter 481, Health and Safety Code;
- (2) the prescription, including a refill of the prescription, is for a period not to exceed 90 days;
- (3) with regard to the refill of a prescription, the refill is authorized after consultation with the delegating physician and the consultation is noted in the patient's chart; and

(4) with regard to a prescription for a child less than two years of age, the prescription is made after consultation with the delegating physician and the consultation is noted in the patient's chart.

(b-1) A physician may delegate the prescribing or ordering of a controlled substance listed in Schedule II as established by the commissioner of the Department of State Health Services under Chapter 481, Health and Safety Code, only:

(1) in a hospital facility-based practice under Section 157.054, in accordance with policies approved by the hospital's medical staff or a committee of the hospital's medical staff as provided by the hospital bylaws to ensure patient safety, and as part of the care provided to a patient who:

- (A) has been admitted to the hospital for an intended length of stay of 24 hours or greater; or
- (B) is receiving services in the emergency department of the hospital; or

(2) as part of the plan of care for the treatment of a person who has executed a written certification of a terminal illness, has elected to receive hospice care, and is receiving hospice treatment from a qualified hospice provider.

(b-2) The board shall adopt rules that require a physician who delegates the prescribing or ordering of a drug or device to register with the board the name and license number of the physician assistant or advanced practice registered nurse to whom a delegation is made. The board may develop and use an electronic online delegation registration process for registration under this subsection.

(c) This subchapter does not modify the authority granted by law for a licensed registered nurse or physician assistant to administer or provide a medication, including a controlled substance listed in Schedule II as established by the commissioner of the Department of State Health Services under Chapter 481, Health and Safety Code, that is authorized by a physician under a physician's order, standing medical order, standing delegation order, or protocol.

TEX. OCC. CODE ANN. § 157.0511

(a) A physician may delegate to an advanced practice registered nurse or physician assistant, acting under adequate physician supervision, the act of prescribing or ordering a drug or device as authorized through a prescriptive authority agreement between the physician and the advanced practice registered nurse or physician assistant, as applicable.

(b) A physician and an advanced practice registered nurse or physician assistant are eligible to enter into or be parties to a prescriptive authority agreement only if:

(1) if applicable, the Texas Board of Nursing has approved the advanced practice registered nurse's authority to prescribe or order a drug or device as authorized under this subchapter;

(2) the advanced practice registered nurse or physician assistant:

- (A) holds an active license to practice in this state as an advanced practice registered nurse or physician assistant, as applicable, and is in good standing in this state; and
- (B) is not currently prohibited by the Texas Board of Nursing or the Texas Physician Assistant Board, as applicable, from executing a prescriptive authority agreement; and

(3) before executing the prescriptive authority agreement, the physician and the advanced practice registered nurse or physician assistant disclose to the other prospective party to the agreement any prior disciplinary action by the board, the Texas Board of Nursing, or the Texas Physician Assistant Board, as applicable.

(c) Except as provided by Subsection (d), the combined number of advanced practice registered nurses and physician assistants with whom a physician may enter into a prescriptive authority agreement may not exceed seven advanced practice registered nurses and physician assistants or the full-time equivalent of seven advanced practice registered nurses and physician assistants.

(d) Subsection (c) does not apply to a prescriptive authority agreement if the prescriptive authority is being exercised in:

- (1) a practice serving a medically underserved population; or
- (2) a facility-based practice in a hospital under Section 157.054.

(e) A prescriptive authority agreement must, at a minimum:

- (1) be in writing and signed and dated by the parties to the agreement;
 - (2) state the name, address, and all professional license numbers of the parties to the agreement;
 - (3) state the nature of the practice, practice locations, or practice settings;
 - (4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;
 - (5) provide a general plan for addressing consultation and referral;
 - (6) provide a plan for addressing patient emergencies;
 - (7) state the general process for communication and the sharing of information between the physician and the advanced practice registered nurse or physician assistant to whom the physician has delegated prescriptive authority related to the care and treatment of patients;
 - (8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
 - (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of this subchapter; and
 - (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and
 - (9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that includes the following:
 - (A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; and
 - (B) if the agreement is between a physician and an advanced practice registered nurse, periodic face-to-face meetings between the advanced practice registered nurse and the physician at a location determined by the physician and the advanced practice registered nurse; and
 - (C) if the agreement is between a physician and a physician assistant, periodic meetings between the physician assistant and the physician.
- (f) The periodic face-to-face meetings described by Subsection (e)(9)(B) must:
- (1) include:
 - (A) the sharing of information relating to patient treatment and care, needed changes in patient care plans, and issues relating to referrals; and
 - (B) discussion of patient care improvement; and
 - (2) be documented and occur:
 - (A) except as provided by Paragraph (B):
 - (i) at least monthly until the third anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the third anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or
 - (B) if during the seven years preceding the date the agreement is executed the advanced practice registered nurse for at least five years was in a practice that included the exercise of prescriptive authority with required physician supervision:
 - (i) at least monthly until the first anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the first anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet.
- (g) The prescriptive authority agreement may include other provisions agreed to by the physician and advanced practice registered nurse or physician assistant.
- (h) If the parties to the prescriptive authority agreement practice in a physician group practice, the physician may appoint one or more alternate supervising physicians designated under Subsection (e)(8),

if any, to conduct and document the quality assurance meetings in accordance with the requirements of this subchapter.

(i) The prescriptive authority agreement need not describe the exact steps that an advanced practice registered nurse or physician assistant must take with respect to each specific condition, disease, or symptom.

(j) A physician, advanced practice registered nurse, or physician assistant who is a party to a prescriptive authority agreement must retain a copy of the agreement until the second anniversary of the date the agreement is terminated.

(k) A party to a prescriptive authority agreement may not by contract waive, void, or nullify any provision of this section or Section 157.0513.

(l) In the event that a party to a prescriptive authority agreement is notified that the individual has become the subject of an investigation by the board, the Texas Board of Nursing, or the Texas Physician Assistant Board, the individual shall immediately notify the other party to the prescriptive authority agreement.

(m) The prescriptive authority agreement and any amendments must be reviewed at least annually, dated, and signed by the parties to the agreement. The prescriptive authority agreement and any amendments must be made available to the board, the Texas Board of Nursing, or the Texas Physician Assistant Board not later than the third business day after the date of receipt of request, if any.

(n) The prescriptive authority agreement should promote the exercise of professional judgment by the advanced practice registered nurse or physician assistant commensurate with the advanced practice registered nurse's or physician assistant's education and experience and the relationship between the advanced practice registered nurse or physician assistant and the physician.

(o) This section shall be liberally construed to allow the use of prescriptive authority agreements to safely and effectively utilize the skills and services of advanced practice registered nurses and physician assistants.

(p) The board may not adopt rules pertaining to the elements of a prescriptive authority agreement that would impose requirements in addition to the requirements under this section. The board may adopt other rules relating to physician delegation under this chapter.

TEX. OCC. CODE ANN. § 157.0512

(b) Medical services provided by a physician assistant may include: [...]

(8) requesting, receiving, and signing for the receipt of pharmaceutical sample prescription medications and distributing the samples to patients in a specific practice setting in which the physician assistant is authorized to prescribe pharmaceutical medications and sign prescription drug orders as provided by Section 157.0512 or 157.054; [...]

TEX. OCC. CODE ANN. § 204.202(b)(8)

The following information must be provided on each prescription subject to this subchapter:

- (1) the patient's name and address;
- (2) the drug to be dispensed;
- (3) directions to the patient regarding the taking of the drug and the dosage;
- (4) the intended use of the drug, if appropriate;
- (5) the name, address, and telephone number of the physician;
- (6) the name, address, telephone number, and identification number of the registered nurse or physician assistant completing or signing the prescription drug order;
- (7) the date; and
- (8) the number of refills permitted.

TEX. OCC. CODE ANN. § 157.056

[...] Medical services provided by a physician assistant may include, but are not limited to:

[...] (8) requesting, receiving, and signing for the receipt of pharmaceutical sample prescription medications and distributing the samples to patients in a specific practice setting where the physician assistant is authorized to prescribe pharmaceutical medications or order a drug or device, as provided by

the Medical Practice Act, Chapter 157, and its subsequent amendments, or as otherwise authorized by this Act or board rule;

- (9) prescribing or ordering a drug or device as provided by the Medical Practice Act, Chapter 157; [...]
22 TEX. ADMIN. CODE § 185.10(8),(9)

Except as permitted by the Medical Practice Act, Chapter 157, the supervising physician shall not allow a physician assistant to prescribe or supply medication.

22 TEX. ADMIN. CODE § 185.11

(a) A physician may delegate to a physician assistant, acting under adequate physician supervision, the act of prescribing or ordering a drug or device as authorized through a prescriptive authority agreement between the physician and the physician assistant.

(b) A physician and a physician assistant are eligible to enter into or be parties to a prescriptive authority agreement only if:

- (1) the physician assistant holds an active license to practice in this state as a physician assistant and is in good standing in this state;
- (2) the physician assistant is not currently prohibited by the board from executing a prescriptive authority agreement; and
- (3) before executing the prescriptive authority agreement, the physician and the physician assistant disclose to the other prospective party to the agreement any prior disciplinary action by the Texas Medical Board or the board.

22 TEX. ADMIN. CODE § 185.30

Prescriptive authority agreements must, at a minimum:

- (1) be in writing and signed and dated by the parties to the agreement;
- (2) state the name, address, and all professional license numbers of the parties to the agreement;
- (3) state the nature of the practice, practice locations, or practice settings;
- (4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;
- (5) provide a general plan for addressing consultation and referral;
- (6) provide a plan for addressing patient emergencies;
- (7) state the general process for communication and the sharing of information between the physician and physician assistant to whom the physician has delegated prescriptive authority related to the care and treatment of patients;
- (8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
 - (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of Chapter 157 of the Medical Practice Act and Chapter 193 of this title (relating to Standing Delegation Orders); and
 - (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and
- (9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that includes the following:
 - (A) chart review, with the number of charts to be reviewed determined by the physician and physician assistant; and
 - (B) periodic face-to-face meetings between the physician assistant and the physician at a location determined by the physician and the physician assistant.
- (10) The periodic face-to-face meetings described by paragraph (9)(B) of this section must include:
 - (A) the sharing of information relating to patient treatment and care, needed changes in patient care plans, and issues relating to referrals;
 - (B) discussion of patient care improvement; and

- (C) documentation of the periodic face-to-face meetings.
- (11) The periodic face-to-face meetings shall occur as follows:
- (A) If during the seven years preceding the date the agreement is executed, the physician assistant was not in a practice that included the exercise of prescriptive authority with required physician supervision for at least five years:
- (i) at least monthly until the third anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the third anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or
- (B) If during five of the last seven years preceding the date the agreement is executed, the physician assistant was in a practice that included the exercise of prescriptive authority with required physician supervision, but the agreement is not being entered into with the same supervising physician who delegated and supervised during the five year period:
- (i) at least monthly until the first anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the first anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or
- (C) If during five of the last seven years preceding the date the agreement is executed, the physician assistant was in a practice that included the exercise of prescriptive authority with required physician supervision, and the agreement is being entered into with the same supervising physician who delegated and supervised during the five year period:
- (i) at least quarterly; and
 - (ii) monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet.
- (12) The prescriptive authority agreement may include other provisions agreed to by the physician and the physician assistant.
- (13) If the parties to the prescriptive authority agreement practice in a physician group practice, the physician may appoint one or more alternate supervising physicians designated, if any, to conduct and document the quality assurance meetings in accordance with the requirements of Chapter 157 of the Medical Practice Act and Chapter 193 of this title.
- (14) The prescriptive authority agreement need not describe the exact steps that a physician assistant must take with respect to each specific condition, disease, or symptom.
- (15) A physician or physician assistant who is a party to a prescriptive authority agreement must retain a copy of the agreement until the second anniversary of the date the agreement is terminated.
- (16) A party to a prescriptive authority agreement may not by contract waive, void, or nullify any provision of this section or requirements for prescriptive authority agreements set forth by Chapter 157 of the Medical Practice Act and Chapter 193 of this title.
- (17) In the event that a party to a prescriptive authority agreement is notified that the individual has become the subject of an investigation by the board or the Texas Medical Board, the individual shall immediately notify the other party to the prescriptive authority agreement.
- (18) The prescriptive authority agreement and any amendments must be reviewed at least annually, dated, and signed by the parties to the agreement. The prescriptive authority agreement and any amendments must be made available to the board, the Texas Board of Nursing, or the Texas Medical Board not later than the third business day after the date of receipt of request, if any.
- (19) The prescriptive authority agreement should promote the exercise of professional judgment by the physician assistant commensurate with the physician assistant's education and experience and the relationship between the physician assistant and the physician.

(20) This section shall be liberally construed to allow the use of prescriptive authority agreements to safely and effectively utilize the skills and services of physician assistants.

22 TEX. ADMIN. CODE § 185.31

(a) Pursuant to § 157.0511 of the Act, a physician's authority to delegate the prescribing or ordering of a drug or device is limited to:

- (1) nonprescription drugs;
- (2) dangerous drugs; and
- (3) controlled substances to the extent provided in subsections (b) and (c) of this section.

(b) A physician may delegate the prescribing or ordering of a controlled substance only if:

- (1) the prescription is for a controlled substance listed in Schedule III, IV, or V as established by the commissioner of the Department of State Health Services under Chapter 481 of the Texas Health and Safety Code;
- (2) the prescription, including a refill of the prescription, is for a period not to exceed 90 days;
- (3) with regard to the refill of a prescription, the refill is authorized after consultation with the delegating physician and the consultation is noted in the patient's chart; and
- (4) with regard to a prescription for a child less than two years of age, the prescription is made after consultation with the delegating physician and the consultation is noted in the patient's chart.

(c) A physician may delegate the prescribing or ordering of a controlled substance listed in Schedule II as established by the commissioner of the Department of State Health Services under Chapter 481, Health and Safety Code, only:

- (1) in a hospital facility-based practice under § 157.054 of the Act, in accordance with policies approved by the hospital's medical staff or a committee of the hospital's medical staff as provided by the hospital bylaws to ensure patient safety, and as part of the care provided to a patient who:
 - (A) has been admitted to the hospital for an intended length of stay of 24 hours or greater; or
 - (B) is receiving services in the emergency department of the hospital; or
- (2) as part of the plan of care for the treatment of person who has executed a written certification of a terminal illness, has elected to receive hospice care, and is receiving hospice treatment from a qualified hospice provider.

22 TEX. ADMIN. CODE § 193.6

(a) A physician may delegate to an advanced practice registered nurse or physician assistant, acting under adequate physician supervision, the act of prescribing or ordering a drug or device as authorized through a prescriptive authority agreement between the physician and the advanced practice registered nurse or physician assistant, as applicable.

(b) A physician and an advanced practice registered nurse or physician assistant are eligible to enter into or be parties to a prescriptive authority agreement only if:

- (1) if applicable, the Texas Board of Nursing has approved the advanced practice registered nurse's authority to prescribe or order a drug or device as authorized under this chapter;
- (2) the advanced practice registered nurse or physician assistant:
 - (A) holds an active license to practice in this state as an advanced practice registered nurse or physician assistant, as applicable, and is in good standing in this state; and
 - (B) is not currently prohibited by the Texas Board of Nursing or the Texas Physician Assistant Board, as applicable, from executing a prescriptive authority agreement.

(c) Before executing the prescriptive authority agreement, the physician and the advanced practice registered nurse or physician assistant disclose to the other prospective party to the agreement any prior disciplinary action by the board, the Texas Board of Nursing, or the Texas Physician Assistant Board, as applicable.

(d) Except as provided by subsection (e) of this section, the combined number of advanced practice registered nurses and physician assistants with whom a physician may enter into a prescriptive authority

agreement may not exceed seven advanced practice registered nurses and physician assistants or the full-time equivalent of seven advanced practice registered nurses and physician assistants.

(e) Subsection (d) of this section does not apply to a prescriptive authority agreement if the prescriptive authority is being exercised in:

- (1) a practice serving a medically underserved population; or
- (2) a facility-based practice in a hospital under § 157.054, subject to the limitations in § 157.054(b-1) of the Act and § 193.9(c)(5) of this title (relating to Delegation of Prescriptive Authority at a Facility-Based Practice Site).

22 TEX. ADMIN. CODE § 193.7

Prescriptive authority agreement must, at a minimum:

- (1) be in writing and signed and dated by the parties to the agreement;
- (2) state the name, address, and all professional license numbers of the parties to the agreement;
- (3) state the nature of the practice, practice locations, or practice settings;
- (4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;
- (5) provide a general plan for addressing consultation and referral;
- (6) provide a plan for addressing patient emergencies;
- (7) state the general process for communication and the sharing of information between the physician and the advanced practice registered nurse or physician assistant to whom the physician has delegated prescriptive authority related to the care and treatment of patients;
- (8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
 - (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of this subchapter; and
 - (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and
- (9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that includes the following:
 - (A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; and
 - (B) periodic face-to-face meetings between the advanced practice registered nurse or physician assistant and the physician at a location determined by the physician and the advanced practice registered nurse or physician assistant.
- (10) The periodic face-to-face meetings described by paragraph (9)(B) of this section must include:
 - (A) the sharing of information relating to patient treatment and care, needed changes in patient care plans, and issues relating to referrals;
 - (B) discussion of patient care improvement; and
 - (C) documentation of the periodic face-to-face meetings.
- (11) The periodic face-to-face meetings shall occur as follows:
 - (A) If during the seven years preceding the date the agreement is executed, the advanced practice registered nurse or physician assistant was not in a practice that included the exercise of prescriptive authority with required physician supervision for at least five years:
 - (i) at least monthly until the third anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the third anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or
 - (B) if during five of the last seven years preceding the date the agreement is executed, the advanced practice registered nurse or physician assistant was in a practice that included the

exercise of prescriptive authority with required physician supervision, but the agreement is not being entered into with the same supervising physician who delegated and supervised during the five year period:

- (i) at least monthly until the first anniversary of the date the agreement is executed; and
 - (ii) at least quarterly after the first anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or
- (C) if during five of the last seven years preceding the date the agreement is executed, the advanced practice registered nurse or physician assistant was in a practice that included the exercise of prescriptive authority with required physician supervision, and the agreement is being entered into with the same supervising physician who delegated and supervised during the five year period:
- (i) at least quarterly; and
 - (ii) monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet.

(12) The prescriptive authority agreement may include other provisions agreed to by the physician and advanced practice registered nurse or physician assistant.

(13) If the parties to the prescriptive authority agreement practice in a physician group practice, the physician may appoint one or more alternate supervising physicians designated under paragraph (8) of this section, if any, to conduct and document the quality assurance meetings in accordance with the requirements of this chapter.

(14) The prescriptive authority agreement need not describe the exact steps that an advanced practice registered nurse or physician assistant must take with respect to each specific condition, disease, or symptom.

(15) A physician, advanced practice registered nurse, or physician assistant who is a party to a prescriptive authority agreement must retain a copy of the agreement until the second anniversary of the date the agreement is terminated.

(16) A party to a prescriptive authority agreement may not by contract waive, void, or nullify any provision of this section or § 157.0513 of the Occupations Code.

(17) In the event that a party to a prescriptive authority agreement is notified that the individual has become the subject of an investigation by the board, the Texas Board of Nursing, or the Texas Physician Assistant Board, the individual shall immediately notify the other party to the prescriptive authority agreement.

(18) The prescriptive authority agreement and any amendments must be reviewed at least annually, dated, and signed by the parties to the agreement. The prescriptive authority agreement and any amendments must be made available to the board, the Texas Board of Nursing, or the Texas Physician Assistant Board not later than the third business day after the date of receipt of request, if any.

(19) The prescriptive authority agreement should promote the exercise of professional judgment by the advanced practice registered nurse or physician assistant commensurate with the advanced practice registered nurse's or physician assistant's education and experience and the relationship between the advanced practice registered nurse or physician assistant and the physician.

(20) This section shall be liberally construed to allow the use of prescriptive authority agreements to safely and effectively utilize the skills and services of advanced practice registered nurses and physician assistants.

22 TEX. ADMIN. CODE § 193.8

(a) Acts that may be delegated. One or more physicians licensed by the board shall be authorized to delegate, to one or more physician assistants or advanced practice registered nurses acting under adequate physician supervision whose practice is facility-based at a hospital or licensed long-term care facility, prescribing or ordering of a drug or device if each of the physicians is: the medical director or chief of medical staff of the facility in which the physician assistant or advanced practice registered nurse

practices, the chair of the facility's credentialing committee, a department chair of a facility department in which the physician assistant or advanced practice registered nurse practices, or a physician who consents to the request of the medical director or chief of medical staff to delegate the prescribing or ordering of a drug or device at the facility in which the physician assistant or advanced practice registered nurse practices.

(b) The limitations on the number of advanced practice registered nurses or physician assistants to whom a physician may delegate under § 193.7(d) of this title (relating to Prescriptive Authority Agreements Generally) do not apply to a physician whose practice is facility-based under this chapter, subject to the limitations in subsection (c)(4) of this section.

(c) Limitations on authority to delegate. A physician's authority to delegate under this subsection is limited as follows:

(1) the delegation is pursuant to a physician's order, standing medical order, standing delegation order, or other order or protocol developed in accordance with policies approved by the facility's medical staff or a committee thereof as provided in facility bylaws;

(2) the delegation occurs in the facility in which the physician is the medical director, the chief of medical staff, the chair of the credentialing committee, a department chair, or a physician who consents to delegate under § 157.054(a)(4) of the Act;

(3) the delegation does not permit the prescribing or ordering of a drug or device for the care or treatment of the patients of any other physician without the prior consent of that physician;

(4) delegation in a long-term care facility must be by the medical director and the medical director is limited to delegating the prescribing or ordering of a drug or device to no more than seven advanced practice registered nurses or physician assistants or their full-time equivalents; and

(5) under this section, a facility-based physician may not delegate at more than one hospital or more than two long-term care facilities pursuant to § 157.054 of the Act; however, facility-based physicians are not prohibited from delegating the prescribing or ordering of drugs or devices under § 157.0512 of the Act or § 193.7 and § 193.8 of this title (relating to Prescriptive Authority Agreements Generally and Prescriptive Authority Agreements: Minimum Requirements), at other practice locations, including hospital or long-term care facilities, provided that the delegation at those locations complies with all requirements under § 157.0512 of the Act.

(6) Physician supervision. Physician supervision of the prescribing or ordering of a drug or device shall conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the advanced practice registered nurse or physician assistant. A physician shall provide continuous supervision, but the constant physical presence of the physician is not required.

22 TEX. ADMIN. CODE § 193.9

Utah

Delegation of services agreement [...] shall include the prescribing of controlled substances.

UTAH CODE ANN. § 58-70a-102

A physician assistant, in accordance with a delegation of services agreement, may prescribe or administer an appropriate controlled substance if: (a) the physician assistant holds a Utah controlled substance license and a DEA registration; and (b) the prescription or administration of the controlled substance is within the prescriptive practice of the supervising physician and also within the delegated prescribing stated in the delegation of services agreement.

UTAH CODE ANN. § 58-70a-501(2)

Vermont

A physician assistant may prescribe, dispense, and administer drugs and medical devices to the extent delegated by a supervising physician. A physician assistant who is authorized by a supervising physician to prescribe controlled substances must register with the federal Drug Enforcement Administration.

VT. STAT. ANN. tit. 26 § 1735a(d)

The Delegation Agreement document shall be signed by the primary supervising physician and the PA, and shall cover at least the following:

[...]

27.3.5 Authorization To Prescribe. A PA may prescribe only those drugs that are within the scope of practice of both the PA and the primary supervising physician as documented in the Delegation Agreement. If authorized to prescribe prescription drugs and/or devices, the delegation agreement must address all of the following (if applicable):

27.3.5.1 Whether the PA is authorized to prescribe controlled substances;

27.3.5.2 The PA's DEA number; and

27.3.5.3 The specific schedules authorized.

13-141-001 VT. CODE R. § 27.3.5

Virginia

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.), provided that the physician assistant has entered into and is, at the time of writing a prescription, a party to a practice agreement with a licensed physician or podiatrist that provides for the direction and supervision by such licensee of the prescriptive practices of the physician assistant. Such practice agreements shall include the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician or podiatrist providing direction and supervision.

B. It shall be unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the practice agreement between the licensee and the assistant.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency that may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; and (ii) a requirement that the physician assistant disclose to his patients the name, address and telephone number of the supervising licensee and that he is a physician assistant. A separate office for the physician assistant shall not be established.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

VA. CODE ANN. § 54.1-2952.1

[...]

C. If the role of the assistant includes prescribing for drugs and devices, the written practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the supervising physician.

D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.

[...]

18 VA. ADMIN. CODE § 85-50-101(C),(D)

The supervising physician shall be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

18 VA. ADMIN. CODE § 85-50-110(3)

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a physician assistant in the Commonwealth;
2. Submit a practice agreement acceptable to the board prescribed in 18 VAC 85-50-101. This practice agreement must be approved by the board prior to issuance of prescriptive authority;
3. Submit evidence of successful passing of the NCCPA exam; and
4. Submit evidence of successful completion of a minimum of 35 hours of acceptable training to the board in pharmacology.

18 VA. ADMIN. CODE § 85-50-130

A. The approved drugs and devices which the physician assistant with prescriptive authority may prescribe, administer, or dispense manufacturer's professional samples shall be in accordance with provisions of § 54.1-2952.1 of the Code of Virginia:

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement as submitted for authorization. The supervising physician retains the authority to restrict certain drugs within these approved categories.

C. The physician assistant, pursuant to § 54.1-2952.1 of the Code of Virginia, shall only dispense manufacturer's professional samples or administer controlled substances in good faith for medical or therapeutic purposes within the course of his professional practice.

18 VA. ADMIN. CODE § 85-50-140

A. Each prescription for a Schedule II through V drug shall bear the name of the supervising physician and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the supervising physician. Such disclosure shall either be included on the prescription or be given in writing to the patient.

18 VA. ADMIN. CODE § 85-50-160

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18 VA. ADMIN. CODE § 85-50-176

[...]

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18 VA. ADMIN. CODE § 85-50-180(B),(C)

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination, are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;
2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;
3. A diet and exercise program for weight loss is prescribed and recorded;
4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy;
5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

18 VA. ADMIN. CODE § 85-50-181

A physician assistant shall not prescribe or administer anabolic steroids to any patient for other than accepted therapeutic purposes.

18 VA. ADMIN. CODE § 85-50-182

Washington – Allopathic

(1) A physician assistant may prescribe, order, administer, and dispense legend drugs and Schedule II, III, IV, or V controlled substances consistent with the scope of practice in an approved delegation agreement provided: (a) The physician assistant has an active DEA registration; and (b) All prescriptions comply with state and federal prescription regulations.

(2) If a supervising physician's prescribing privileges have been limited by state or federal actions, the physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the Commission.

WASH. ADMIN. CODE § 246-918-035

Washington – Osteopathic

(1) An osteopathic physician assistant may prescribe, order, administer and dispense legend drugs and Schedule II, III, IV, or V controlled substances consistent with the scope of practice in an approved delegation agreement provided: (a) The osteopathic physician assistant has an active DEA registration; and (b) All prescriptions comply with state and federal prescription regulations.

(2) If a supervising physician's prescribing privileges have been limited by state or federal actions, the osteopathic physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the Board.

WASH. ADMIN. CODE § 246-854-030

An Osteopathic physician assistant may prescribe legend drugs and controlled substances as permitted in WAC 246-854-030.

WASH. ADMIN. CODE § 246-854-035(4)

West Virginia – Allopathic

(a) The boards shall propose rules for legislative approval in accordance with the provisions of article three [§§ 29A-3-1 et seq.], chapter twenty-nine-a of this code to implement the provisions of this article, including:

[...]

(7) The eligibility and extent to which a physician assistant may prescribe at the direction of his or her collaborating physician, including:

A state formulary classifying those categories of drugs which shall not be prescribed by a physician assistant, including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to a thirty-day supply without refill. In addition to the above referenced provisions and restrictions and pursuant to a practice agreement as set forth in this article, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a chronic condition is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions, with the exception of chronic pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures, and obesity;

(8) The authority a collaborating physician may delegate for prescribing, dispensing and administering of controlled substances, prescription drugs or medical devices if the practice agreement includes:

(A) A notice of intent to delegate prescribing of controlled substances, prescription drugs or medical devices;

(B) An attestation that all prescribing activities of the physician assistant shall comply with applicable federal and state law governing the practice of physician assistants;

(C) An attestation that all medical charts or records shall contain a notation of any prescriptions written by a physician assistant;

(D) An attestation that all prescriptions shall include the physician assistant's name and the collaborating physician's name, business address and business telephone number legibly written or printed; and

(E) An attestation that the physician assistant has successfully completed each of the requirements established by the appropriate board to be eligible to prescribe pursuant to a practice agreement accompanied by the production of any required documentation establishing eligibility.

[...]

W.VA. CODE ANN. § 30-3E-3(a)(7),(8)

A physician assistant seeking a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event must attest that they will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event.

W.VA. CODE ANN. § 30-3E-15(a)(4)(C) (West Virginia license)

A physician assistant seeking a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event must attest that they will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event.

W.VA. CODE ANN. § 30-3E-16(a)(6)(C) (Out-of-State license)

(a) All practitioners, as that term is defined in section one hundred-one, article two of this chapter who prescribe or dispense Schedule II, III or IV controlled substances shall register with the West Virginia Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within thirty days of the practitioner obtaining a new license: Provided, however, That no

licensing board may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection.

(b) Upon initially prescribing or dispensing any pain-relieving controlled substance for a patient and at least annually thereafter should the practitioner or dispenser continue to treat the patient with controlled substances, all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and, who are licensed by the Board of Medicine as set forth in article three, chapter thirty of this code, the Board of Registered Professional Nurses as set forth in article seven, chapter thirty of this code, the Board of Dental Examiners as set forth in article four, chapter thirty of this code and the Board of Osteopathic Medicine as set forth in article fourteen, chapter thirty of this code shall access the West Virginia Controlled Substances Monitoring Program database for information regarding specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program database for the patient shall be documented in the patient's medical record. A pain-relieving controlled substance shall be defined as set forth in section one, article three-a, chapter thirty of this code.

(c) The various boards mentioned in subsection (b) of this section above shall promulgate both emergency and legislative rules pursuant to the provisions of article three, chapter twenty-nine-a of this code to effectuate the provisions of this section.

W.VA. CODE ANN. § 60A-9-5a

12.1. A collaborating physician may delegate limited prescriptive authority to a physician assistant in a practice agreement if:

12.1.a. The physician assistant has obtained a baccalaureate or master's degree from an approved program of instruction for physician assistants or has successfully completed an accredited course of instruction in clinical pharmacology approved by the Board of not less than four (4) semester hours. The Board may, at its discretion, grant up to one credit hour equivalent for two (2) or more years of prescribing experience in other jurisdictions;

12.1.b. The physician assistant provides evidence of successful completion of a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training through a Board approved course within two (2) years prior to his or her application submission to the Board for limited prescriptive privileges; and

12.1.c. The collaborating physician and physician assistant attest that:

12.1.c.1. The physician assistant has successfully completed the necessary requirements to be eligible to prescribe pursuant to a practice agreement;

12.1.c.2. All prescribing activities of the physician assistant shall comply with applicable federal and state law governing the practice of physician assistants the Board approved limitations on physician assistant prescribing;

12.1.c.3. All medical charts or records shall contain a notation of any prescriptions written by a physician assistant; and

12.1.c.4. All prescriptions, including electronic prescriptions, written by the physician assistant will include the physician assistant's name and the collaborating physician's name, business address and business telephone number.

12.2. To delegate prescriptive authority, the collaborating physician shall ensure that the practice agreement includes a clear delineation of the delegated authority and whether it includes the prescribing, administering, dispensing and/or ordering of drugs and/or medical devices.

12.3. On an annual basis, the Board shall approve and publish on its website a list classifying pharmacologic categories of all drugs which physician assistants are prohibited from prescribing. This list shall, at a minimum, prohibit physician assistants from prescribing:

12.3.a. Schedules I and II of the Uniform Controlled Substances Act;

12.3.b. Medications listed under Schedule III of the Uniform Controlled Substances Act are limited to a 30 day supply without refill;

- 12.3.c. Antineoplastics,
- 12.3.d. Radio-pharmaceuticals, and
- 12.3.e. General Anesthetics.

12.4. A practice agreement may not delegate the prescribing of any drug that the Board has prohibited physician assistants from prescribing.

12.5. A collaborating physician who seeks to delegate prescribing authority to a physician assistant shall provide the physician assistant with treatment protocols which identify maximum prescribing dosages. Prescriptions written by a physician assistant shall be issued consistent with the collaborating physician's directions and treatment protocol, and in no case may the dosage exceed the manufacturer's recommended average therapeutic dose for the prescribed drug.

12.6. Each prescription and subsequent refills given by the physician assistant shall be entered on the patient's chart.

12.7. Physician assistants authorized to issue prescriptions for Schedules III through V controlled substances shall include the Federal Drug Enforcement Administration number issued to that physician assistant.

12.8. A physician assistant shall, at the time of the initial prescription, record in the patient medical record the plan for continued evaluation of effectiveness of the controlled substance prescribed.

12.9. A physician assistant may administer local anesthetics.

12.10. An annual supply of any drug, other than a controlled substance, may be prescribed for the treatment of a chronic condition other than chronic pain management. An annual supply may be prescribed or dispensed in smaller increments in order to assess the drug's therapeutic efficacy.

12.11. The prescription authorized by a physician assistant shall comply with the requirements of this rule and the requirements of the West Virginia Board of Pharmacy, other applicable state and federal laws, rules and regulations, and all applicable standards of care.

12.12. All prescriptions, including electronic prescriptions, written by the physician assistant will include the physician assistant's name, professional designation, practice location, telephone number, signature, license number issued by the Board, the collaborating physician's name, business address and business telephone number, and any other information required by state and federal law.

12.13. Within five business days following a Board meeting, the Board of Medicine shall provide the Board of Pharmacy with a list of physician assistants with limited prescriptive privileges along with the categories of drugs or drugs within a category that the physician assistant has been authorized to prescribe.

12.14. Nothing in this rule shall be construed to permit any physician assistant to prescribe, administer, order or dispense medications outside of the delegation set forth in an approved practice agreement. .

12.15. Physician assistants granted limited prescriptive privileges pursuant to an authorized practice agreement may accept professional samples and may apply to be registered as a controlled substance dispensing practitioner as set forth in 11 CSR 5.

W. VA. CODE ST. R. § 11-1B-12

West Virginia – Osteopathic

(a) The boards shall propose rules for legislative approval in accordance with the provisions of article three [§§ 29A-3-1 et seq.], chapter twenty-nine-a of this code to implement the provisions of this article, including:

[...]

(7) The eligibility and extent to which a physician assistant may prescribe at the direction of his or her collaborating physician, including:

A state formulary classifying those categories of drugs which shall not be prescribed by a physician assistant, including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall

be limited to a thirty-day supply without refill. In addition to the above referenced provisions and restrictions and pursuant to a practice agreement as set forth in this article, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a chronic condition is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions, with the exception of chronic pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures, and obesity;

(8) The authority a collaborating physician may delegate for prescribing, dispensing and administering of controlled substances, prescription drugs or medical devices if the practice agreement includes:

(A) A notice of intent to delegate prescribing of controlled substances, prescription drugs or medical devices;

(B) An attestation that all prescribing activities of the physician assistant shall comply with applicable federal and state law governing the practice of physician assistants;

(C) An attestation that all medical charts or records shall contain a notation of any prescriptions written by a physician assistant;

(D) An attestation that all prescriptions shall include the physician assistant's name and the collaborating physician's name, business address and business telephone number legibly written or printed; and

(E) An attestation that the physician assistant has successfully completed each of the requirements established by the appropriate board to be eligible to prescribe pursuant to a practice agreement accompanied by the production of any required documentation establishing eligibility.

[...]

W.VA. CODE ANN. § 30-3E-3(a)(7),(8)

A physician assistant seeking a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event must attest that they will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event.

W.VA. CODE ANN. § 30-3E-15(a)(4)(C) (West Virginia license)

A physician assistant seeking a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event must attest that they will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event.

W.VA. CODE ANN. § 30-3E-16(a)(6)(C) (Out-of-State license)

(a) All practitioners, as that term is defined in section one hundred-one, article two of this chapter who prescribe or dispense Schedule II, III or IV controlled substances shall register with the West Virginia Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within thirty days of the practitioner obtaining a new license: Provided, however, That no licensing board may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection.

(b) Upon initially prescribing or dispensing any pain-relieving controlled substance for a patient and at least annually thereafter should the practitioner or dispenser continue to treat the patient with controlled substances, all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and, who are licensed by the Board of Medicine as set forth in article three, chapter thirty of this code, the Board of Registered Professional Nurses as set forth in article seven, chapter thirty of this code, the Board of Dental Examiners as set forth in article four, chapter thirty of this code and the Board of Osteopathic Medicine as set forth in article fourteen, chapter thirty of this code shall access the West Virginia Controlled Substances Monitoring Program database for information regarding specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not

suffering from a terminal illness. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program database for the patient shall be documented in the patient's medical record. A pain-relieving controlled substance shall be defined as set forth in section one, article three-a, chapter thirty of this code.

(c) The various boards mentioned in subsection (b) of this section above shall promulgate both emergency and legislative rules pursuant to the provisions of article three, chapter twenty-nine-a of this code to effectuate the provisions of this section.

W.VA. CODE ANN. § 60A-9-5a

A collaborating physician may delegate limited prescriptive authority to a physician assistant in a practice agreement if:

12.1.a. The physician assistant has obtained a baccalaureate or master's degree from an approved program of instruction for physician assistants or has successfully completed an accredited course of instruction in clinical pharmacology approved by the Board of not less than four semester hours. The Board may grant up to one credit hour equivalent for two or more years of prescribing experience in other jurisdictions;

12.1.b The physician assistant provides evidence of successful completion of a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training through a Board approved course within two (2) years prior to his or her application submission to the Board for limited prescriptive privileges; and

12.1.c. The collaborating physician and physician assistant attest that:

12.1.c.1. The physician assistant has successfully completed the necessary requirements to be eligible to prescribe pursuant to a practice agreement;

12.1.c.2. All prescribing activities of the physician assistant shall comply with applicable federal and state law governing the practice of physician assistants the Board approved limitations on physician assistant prescribing;

12.1.c.3 All medical charts or records shall contain a notation of any prescriptions written by a physician assistant; and

12.1.c.4. All prescriptions, including electronic prescriptions, written by the physician assistant will include the physician assistant's name and the collaborating physician's name, business address and business telephone number.

12.2. To delegate prescriptive authority, the collaborating physician shall ensure that the practice agreement includes a clear delineation of the delegated authority and whether it includes the prescribing, administering, dispensing and/or ordering of drugs and/or medical devices.

12.3. On an annual basis, the Board shall approve and publish on its website a list classifying pharmacologic categories of all drugs which physician assistants are prohibited from prescribing. This list shall, at a minimum, prohibit physician assistants from prescribing:

12.3.a. Schedules I and II of the Uniform Controlled Substances Act, ;

12.3.b. Medications listed under Schedule III of the Uniform Controlled Substances act are limited to a 30 day supply without refill;

12.3.c. Antineoplastics;

12.3.d. Radio-pharmaceuticals; and

12.3.e. General Anesthetics.

12.4. A practice agreement may not delegate the prescribing of any drug that the Board has prohibited physician assistants from prescribing.

12.5. A collaborating physician who seeks to delegate prescribing authority to a physician assistant shall provide the physician assistant with treatment protocols which identify maximum prescribing dosages. Prescriptions written by a physician assistant shall be issued consistent with the collaborating physician's directions and treatment protocol, and in no case may the dosage exceed the manufacturer's recommended average therapeutic dose for the prescribed drug.

12.6. Each prescription and subsequent refills given by the physician assistant shall be entered on the patient's chart. The physician assistant shall, also record in the patient medical record the plan for continued evaluation of effectiveness of the controlled substance at the initial issuance of the prescription.

12.7. Physician assistants authorized to issue prescriptions for Schedules III through V controlled substances shall include the Federal Drug Enforcement Administration number issued to that physician assistant.

12.8. An annual supply of any drug, other than a controlled substance, may be prescribed for the treatment of a chronic condition other than chronic pain management. An annual supply may be prescribed or dispensed in smaller increments, at the discretion of the practitioner, in order to assess the drug's therapeutic efficacy: Provided further, the chronic disease being treated shall be noted on each such prescription by the physician assistant.

12.9. The prescriptions, including electronic prescriptions, written by the physician assistant will include the physician assistant's name, professional designation, practice location, telephone number, signature, license number issued by the Board, the collaborating physician's name, business address and business telephone number, and any other information required by state and federal law.

12.10. Upon receipt of a written request from the West Virginia Board of Pharmacy, the Board of Osteopathic Medicine shall provide the Board of Pharmacy with a list of physician assistants with limited prescriptive privileges along with the categories of drugs or drugs within a category that the physician assistant has been authorized to prescribe.

12.11. A physician assistant may administer local anesthetics.

12.12. The prescription authorized by a physician assistant shall comply with the requirements of this rule and the requirements of the West Virginia Board of Pharmacy, other applicable state and federal laws, rules and regulations, and all applicable standards of care.

12.13. Physician assistants granted limited prescriptive privileges pursuant to an authorized practice agreement may accept professional samples and may apply to be registered as a controlled substance dispensing practitioner as set forth in 24 CSR 7.

12.14. Nothing in this rule shall be construed to permit any physician assistant to prescribe, administer, order or dispense medications outside of the delegation set forth in an approved practice agreement.

W. VA. CODE ST. R. § 24-2-12

Wisconsin

(1) In this section:

- (a) "Administer" has the meaning given in s. 450.01 (1).
- (b) "Deliver" has the meaning given in s. 450.01 (5).
- (c) "Dispense" has the meaning given in s. 450.01 (7).
- (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).
- (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d).
- (f) "Standing order" has the meaning given in s. 450.01 (21p).

(2)

(a) A physician or physician assistant may do any of the following:

- 1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.
- 2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) A physician or physician assistant who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) A physician or physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

WIS. STAT. § 448.037

A physician assistant may issue a prescription order for a drug or device in accordance with guidelines established by a supervising physician and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

WIS. STAT. § 448.21(3)

Medical care a physician assistant may provide include:

[...] (i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter, review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

WIS. ADMIN. CODE Med. § 8.07(2)(i)

Wyoming

A physician assistant may prescribe medications only as an agent of the supervising physician. A physician assistant may not prescribe schedule I drugs as defined by W.S. 35-7-1013 through 35-7-1014. The supervising physician may delegate authority to the physician assistant to dispense prepackaged medications in rural clinics when pharmacy services are not physically available. The board shall, after consultation with the state board of pharmacy, promulgate rules and regulations governing the prescription of medications by a physician assistant.

WYO. STAT. ANN. § 33-26-510(c)

(a) As the agent of the supervising physician, a physician assistant may prescribe, administer, and dispense medications, including Schedules II-V as defined in W.S. 35-7-1015 through 35-7-1022. Dispensing by physician assistants shall be limited to rural clinics in which pharmacy services are not physically available.

(b) A physician assistant shall not prescribe schedule I and schedule drugs as defined by W.S. 35-7-1013 through 35-7-1016.

(c) Use of pre-signed prescription pads is prohibited.

AI BM 5 WYO. CODE R. § 17

This information is provided to assist PAs and OTPs in applying for exemptions. It is not legal advice or a substitute for legal advice.

May 2018